

VOUCHER INCENTIVE PROGRAM
Inspection Form

Type of Inspection:

Existing Vehicle: <input type="checkbox"/> Pre-Inspection <input type="checkbox"/> Pre-Dismantle <input type="checkbox"/> Dismantle
Post-Inspection: <input type="checkbox"/> Replacement Vehicle Post-Inspection <input type="checkbox"/> Retrofit Device Post-Inspection
Legible Pictures: <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information

COMPANY NAME: Owner Name: Address: City, State, Zip: Phone No:	INSPECTION LOCATION:
---	-----------------------------

Vehicle and Engine Information

EXISTING VEHICLE
 REPLACEMENT VEHICLE
 RETROFIT DEVICE

VEHICLE INFORMATION:			
Vehicle Make:	Vehicle Model:	Vehicle Model Year:	
Vehicle Identification Number:	License Plate Number:	Date of Manufacture:	
Odometer Reading:	Hour-meter Reading:	Vehicle operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOT Number (if interstate):	CHP number:	Fleet ID:	
Cab Style: <input type="checkbox"/> Conventional <input type="checkbox"/> Cab-over		Manufacturer GVWR:	
Engine Information:			
Engine Make:	Engine Model:	Engine Model Year:	Date of Manufacture:
Serial Number:	Engine Family Number:	Horsepower:	
Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel used? <input type="checkbox"/> Diesel <input type="checkbox"/> Other:		
Retrofit Device Information (retrofit projects only):			
Retrofit Make:	Retrofit Model:	Retrofit Serial Number:	

For Pre-Dismantler Inspection ONLY, Specify

DISMANTLER:	CONTACT NAME:	PHONE:
DMV title delivered and signed by owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Engine operational? <input type="checkbox"/> Yes <input type="checkbox"/> No

For Dismantler Inspection ONLY, Specify

DISMANTLER:	CONTACT NAME:	PHONE:
Non-Repairable Vehicle Certificate Filed with DMV? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frame Rails Cut? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Engine Destroyed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

I certify under penalty of perjury that: (1) the information provided above is accurate, (2) the pictures are of the inspected vehicle (3) the pictures clearly depict the inspected vehicle, and (4) that I understand that this inspection form is incorporated in the agreement with the <air district>.

Authorized Signature:	Date:
Name:	
Air District / Dealership / Installer:	
Address:	
City, State, Zip:	
Phone No:	

Required Photographs

- Digital photos should be clear images with a minimum capture resolution of 640x480. The Air District will specify the digital media required.

(check the boxes/circles of pictures taken)

Pre-inspection of existing vehicle	Post inspection of replacement vehicle
<input type="checkbox"/> Vehicle from left side <input type="checkbox"/> Vehicle from right side <input type="checkbox"/> Vehicle from front <input type="checkbox"/> Vehicle from back <input type="checkbox"/> Vehicle Identification Number (VIN) <input type="checkbox"/> Gross Vehicle Weight Rating (GVWR) <input type="checkbox"/> Odometer reading <input type="checkbox"/> Engine from drivers side <input type="checkbox"/> Engine tag (if available)* <ul style="list-style-type: none"> ○ Engine make ○ Engine model ○ Engine serial number (ESN) ○ Engine family number <input type="checkbox"/> DOT / CHP Numbers	<input type="checkbox"/> Vehicle from left side <input type="checkbox"/> Vehicle from right side <input type="checkbox"/> Vehicle from front <input type="checkbox"/> Vehicle from back <input type="checkbox"/> Vehicle Identification Number (VIN) <input type="checkbox"/> Gross Vehicle Weight Rating (GVWR) <input type="checkbox"/> Odometer Reading <input type="checkbox"/> Engine from drivers side <input type="checkbox"/> Engine tag <ul style="list-style-type: none"> ○ Engine make ○ Engine model ○ Engine serial number (ESN) ○ Engine family number <input type="checkbox"/> DOT / CHP Numbers
Pre-Dismantler inspection of existing vehicle	Dismantler inspection of existing vehicle
<input type="checkbox"/> Vehicle from left side <input type="checkbox"/> Vehicle from right side <input type="checkbox"/> Vehicle from front <input type="checkbox"/> Vehicle from back <input type="checkbox"/> Vehicle Identification Number (VIN) <input type="checkbox"/> Gross Vehicle Weight Rating (GVWR) <input type="checkbox"/> Odometer Reading <input type="checkbox"/> Engine from drivers side <input type="checkbox"/> Engine tag (if available)* <ul style="list-style-type: none"> ○ Engine make ○ Engine model ○ Engine serial number (ESN) ○ Engine family number <input type="checkbox"/> DOT / CHP Numbers	<input type="checkbox"/> Vehicle from left side <input type="checkbox"/> Vehicle from right side <input type="checkbox"/> Vehicle from front <input type="checkbox"/> Vehicle from back <input type="checkbox"/> Vehicle Identification Number (VIN) <input type="checkbox"/> Odometer Reading <input type="checkbox"/> Engine from drivers side <input type="checkbox"/> Engine tag (if available)* <ul style="list-style-type: none"> ○ Engine make ○ Engine model ○ Engine serial number (ESN) ○ Engine family number <input type="checkbox"/> Cut in frame rails <input type="checkbox"/> Hole in engine block (at least 3 inches wide)
Post inspection of retrofit device (retrofit projects only)	
<input type="checkbox"/> Retrofit device <input type="checkbox"/> Retrofit device tag <ul style="list-style-type: none"> ○ Retrofit make ○ Retrofit model ○ Retrofit serial number 	

**If engine tag is missing, a picture of the ESN stamped on the engine block must be submitted*