

BAYFIELD SCHOOL DISTRICT
VEHICLE INSPECTION FORM

This is to certify that the vehicle described below has been inspected in accordance with the board's policy for District Use of Private Vehicles and has passed said inspection.

_____	_____
Name of Applicant	Driver's License Number
_____	_____
Make of Car	Model of Car
_____	_____
Color of Car	Vehicle I.D. Number

This vehicle has been checked of the following:

- | | |
|----------------------|-------------------------|
| _____ Brakes | _____ Lights |
| _____ Turn signals | _____ Steering |
| _____ Horn | _____ Glass |
| _____ Exhaust System | _____ Windshield Wipers |
| _____ Tires | _____ Seat Belts |

This examiner has been designated by the Bayfield School District to check employee's automobiles.

_____	_____
Examiner's Signature	Date

APPROVED: November 13, 2000
REVISED: September 14, 2009