STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

LICENSING OPERATIONS DIVISION
OCCUPATIONAL LICENSING SECTION

SAFETY INSPECTION REPORT
MOTORCYCLE USED FOR INSTRUCTION

SCHOOL	DS#	DATE OF INSPECTION
ADDRESS		MAKE OF MOTORCYCLE
		BODY TYPE
INSURANCE COMPANY NAME		YEAR / MODEL
VEHICLE REGISTERED OWNER		LICENSE PLATE NUMBER

NOTE: A check in the "yes" column indicates that the item is a part of or attached to the motorcycle, that it meets legal requirements and is in safe condition or operating order. Remarks should be entered in the space provided or on the reverse side of the form, if necessary. Mark only items that pertain to type of vehicle being inspected.

EQUIPMENT	YES	NO	REMARKS
1. Foot brake			
2. Hand brake			
3. Clutch adjustment			
4. Speedometer			
5. Headlamp high beam			
6. Headlamp low beam			
7. Automatic headlamp (after 1/1/75)			
8. Tail lamp			
9. Stop light			
10. Turn signal (after 1/1/69)			
11. Battery (after 1/1/71)			
12. High beam indicator			
13. Horn			
14. Mirror			
15. Handlebar height			
16. Operator's seat or saddle			
17. Operator's foot pegs			
18. Passenger seat and foot pegs			
19. Seat height			
20. Tires			
21. Chain adjustment			
22. Wheel alignment			
23. Muffler and exhaust			
24. Windshield (safety glazed 1/1/69)			

CERTIFICATION:
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I have inspected and tested each of the above items on this motorcycle and have found them to be as shown.

SIGNED

NAME OF FIRM INSPECTING MOTORCYCLE | BAR LICENSE #

BUSINESS ADDRESS

CERTIFICATION:
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that the above described motorcycle is in conformance with Sec. 11109 V.C. which states "Every licensee under this chapter shall maintain all vehicles used in driver training be in safe mechanical condition at all times."

SIGNATURE (SCHOOL OPERATOR)

DATE

Print Clear Form