



Specialty Vehicle Services, LLC.
 3312 west sycamore street
 franklin, wisconsin 53132
 P: 262.679.9096 F: 262.457.4924

CONSIGNMENT VEHICLE CONDITION REPORT

A. Legal Owner

Name: _____
 Company: _____ Position: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Mobile: _____

B. Vehicle Identification

Year: _____ Make: _____ Model: _____
 Engine _____
 Brand/Size: _____ Fuel Type: _____ Mileage: _____
 GVWR: _____ VIN: _____
 Title #: _____ Plate #: _____ Fleet #: _____
 OA Length: _____ OA Height: _____ OA Width: _____
 Interior Height: _____ Generator Size: _____ Generator Hours: _____
 Conversion Type: _____ Conv. Company: _____ Conversion Year: _____

C. Vehicle Condition

SAFETY ITEMS			GENERAL		
OK	NOT OK		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Service brake system	<input type="checkbox"/>	<input type="checkbox"/>	Engine problem?
<input type="checkbox"/>	<input type="checkbox"/>	Parking brake system	<input type="checkbox"/>	<input type="checkbox"/>	Driveline problem?
<input type="checkbox"/>	<input type="checkbox"/>	Bumpers	<input type="checkbox"/>	<input type="checkbox"/>	Suspension problem?
<input type="checkbox"/>	<input type="checkbox"/>	Emission equipment	<input type="checkbox"/>	<input type="checkbox"/>	Electrical system problem?
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>	Visible fluid leaks or problem lights/indicators?
<input type="checkbox"/>	<input type="checkbox"/>	Lights (marker, turn, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Body damage?
<input type="checkbox"/>	<input type="checkbox"/>	Restrain devices (belts, seats, airbags, etc.)	Explain all items marked "YES" or "NOT OK"		
<input type="checkbox"/>	<input type="checkbox"/>	Tires and wheels	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Steering system	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Suspension system	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Windshield, windows and mirrors	_____		

C. Conversion Item/Feature Condition

OK	NOT OK	N/A	REMARKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC Power system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Batteries/charging system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/video system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climate control system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair lift
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior compartments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior finishes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior paint condition

I certify to the best of my knowledge that the information provided on this report is accurate

Inspector signature: _____ Phone: _____ Date: _____
 Inspector name (print): _____ Inspector company name: _____