

Certificate of Motor Vehicle Condition

Owner: _____

DMV Plate Number: _____

VIN: _____

Mileage: _____

¹ EVALUATION CHECK LIST

ITEM	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Wheels and tires			
Steering, alignment and suspension			
Brakes			
Lighting and electrical system			
Exhaust system			
Fuel system			
Glass, body and sheet metal			

As a competent² motor vehicle mechanic, I have evaluated the mechanical condition of the described vehicle and have determined that the vehicle is in safe operating condition as of this date. This evaluation does not warrantee future status of the vehicle operating condition due to conditions beyond my control.

Company, Shop or Agency name

Mechanic name (print or type)

Address

Mechanic signature

Date

Mechanic qualification (check one):

☐ ASE Certified Technician

☐ OEM Trained Technician

☐ DOT CMV Inspector

☐ Other (specify) _____

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1. Note if the agency licenses ten or greater ambulances this form may be used for multiple vehicles. Please attach a vehicle roster with DMV plate and VIN numbers for all ambulances covered by this document.

2. ORS 737-100-0010

(2) "Competent mechanic" means a person who:

(a) Is active at repairing vehicles of the type for which the designation is requested; and

(b) Receives a substantial part of their income by repairing vehicles.

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