



Where Georgia comes together.

**PTV Inspection Checklist**

Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

PTV Make: \_\_\_\_\_ PTV Serial/VIN# \_\_\_\_\_

Owner Initials	Inspection Item	Pass	Fail	Comments
	Valid Driver's License for Registered Owner			
	Proof of Minimum Liability Insurance Coverage			
	Minimum of four (4) wheels			
	Capable of maximum level ground speed of less than 20 mph			
	Maximum gross vehicle unladen or empty weight of 1,375 pounds			
	Capable of transporting not more than eight (8) persons			
	Headlamps, all operational			
	Tail lamps, all operational			
	Rear view mirror			
	Reflex reflectors			
	Main Power Switch, when "off" the motive power circuit shall be inoperative			
	Horn			
	Braking System			
	Parking Brake			
	Safety warning labels			
	(Reflective) Red orange slow-moving vehicle emblem mounted on the rear of vehicle or amber strobe light affixed and visible for 500 ft from the front and rear of vehicle			
	A reverse warning device functional at all times when the directional control is in the reverse position			
	Hip restraints and handholds or a combination thereof			

I certify that I have conducted an inspection of the above referenced PTV and that the conditions of the inspection items are accurately reported:

\_\_\_\_\_  
Inspector's Printed Name

\_\_\_\_\_  
Inspection Date

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Permit Number