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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Mechanic’s Evaluation - Used Vehicle** | | | | |
| Owner’s Name (Customer’s name, if different from owner): | | | | | | License Plate Number: | |
| Make, Year, and Model: | | | | | | Mileage: | |
| **Instructions**: Please evaluate the following mechanical areas to determine if each area is functioning sufficiently to allow for safe operation of this vehicle. If an area passe*s*, no comment is necessary. If an area fails, please state specifically the work needed to correct the problem. To receive payment for this evaluation, please return this completed form with a company invoice. | | | | | | | |
| **Mechanical Areas** | **Pass** | **Fail** | | **Comments** | | | |
| Battery |  |  | |  | | | |
| Battery cables |  |  | |  | | | |
| Charging system |  |  | |  | | | |
| Engine cranking system |  |  | |  | | | |
| Brake System |  | | | | | | |
| Fluid leaks |  |  | |  | | | |
| Brake pads/linings, etc. |  |  | |  | | | |
| Transmission |  | | | | | | |
| Fluid leaks |  |  | |  | | | |
| Shifting mechanism |  |  | |  | | | |
| Power steering |  | | | | | | |
| Operation |  |  | |  | | | |
| Fluid leaks |  |  | |  | | | |
| Condition of drive belts |  |  | |  | | | |
| Condition of hoses |  |  | |  | | | |
| Tires |  |  | |  | | | |
| Safety equipment | | | | | | | |
| Seat belt |  |  | |  | | | |
| Air bags |  |  | |  | | | |
| Inspection sticker current |  |  | |  | | | |
| Additional comments (Include overall condition of vehicle – How well maintained, general appearance, any indication vehicle has been involved in an accident.): | | | | | | | |
| **Signature** | | | | | | | |
| Mechanic's Signature:  **X** | | | | | Type or Print Mechanic’s Name: | | |
| Name of Business: | | | | | Phone number:  (   ) | | Date: |