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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:      |