

AIRSIDE VEHICLE SAFETY INSPECTION CERTIFICATE:

Vehicle Owner:

Name:

Street Address:

City: State Post Code

Vehicle Details:

Make

Model:

Class:

ID Number

Inspection Checklist:

Pass:

Vehicle ID

Brakes

Steering & Suspension

Wheels & Tyres

Body Condition

Seats

Head Lights

Tail Lights

Rotating Beacon

Engine/driveline

Inspecting Engineer or Mechanic:

Name:

Street Address:

City: State Post Code

Pass:

Fail:

I certify that I have inspected the vehicle and this is a true record of the vehicle compliance with the inspection standard at the time of inspection:

Examiners Signature:

Examiner's Licence Number:

Date: