

Market Direct Fleet Used Vehicle Quality Certification

Year, make, model: _____
 VIN: _____
 Mileage at time of inspection and service: _____
 Supplier/service department: _____
 Contact person: _____ Date serviced: _____
 Phone: _____

Road test

- 1 Engine starts, stops, idles and accelerates normally
- 2 Transmission engages, shifts up and down normally, all gears
- 3 Four wheel drive, transfer case, differential operate normally
- 4 Steering alignment and braking are straight
- 5 Brakes free of chatter, noise and pulsation
- 6 No unusual road, chassis, front end or other noise
- 7 Speedometer and odometer functioning
- 8 Horn, lights, wipers and blinkers all functioning
- 9 No warning or indicator lights
- 10 A/C, heater, vents and fan all functioning
- 11 Emergency brake engages and releases
- 12 Doors open and close properly
- 13 Windows, locks, tilt, cruise, radio functioning
- 14 Seat belts function

	service needed	meets standard	Notes
1	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	<input type="checkbox"/>	<input type="checkbox"/>	_____
11	<input type="checkbox"/>	<input type="checkbox"/>	_____
12	<input type="checkbox"/>	<input type="checkbox"/>	_____
13	<input type="checkbox"/>	<input type="checkbox"/>	_____
14	<input type="checkbox"/>	<input type="checkbox"/>	_____

Duration of test drive, time and miles: _____

Under hood

- 15 Battery tests OK
- 16 Wires and cables clean and tight
- 17 Belts and hoses not cracked, swollen, leaking etc.
- 18 Air filter checked, replaced if needed
- 19 Oil and filter changed
- 20 All fluids checked, changed or topped off as needed
(washer, transmission, brake, coolant, steering, transfer case)
- 21 Check/repair leaks
(valve covers, seals, hoses, transmission, etc.)

15	<input type="checkbox"/>	<input type="checkbox"/>	_____
16	<input type="checkbox"/>	<input type="checkbox"/>	_____
17	<input type="checkbox"/>	<input type="checkbox"/>	_____
18	<input type="checkbox"/>	<input type="checkbox"/>	_____
19	<input type="checkbox"/>	<input type="checkbox"/>	_____
20	<input type="checkbox"/>	<input type="checkbox"/>	_____
21	<input type="checkbox"/>	<input type="checkbox"/>	_____

Under vehicle

- 22 Exhaust system complete, no leaks
- 23 Brake pads
 LF _____% RF _____%
 LR _____% RR _____%
 replace if under _____%
- 24 Rotors--not damaged
- 25 Driveline components
(CV joints and boots, drivelines, axles, u-joints etc.)
- 26 Suspension components intact, not leaking
- 27 Steering components intact, not leaking
- 28 Tie rods, bushings
- 29 Tires
 LF _____/32 RF _____/32
 LR _____/32 RR _____/32
 replace if under _____/32
- 30 Wheel lugs all present and tight

22	<input type="checkbox"/>	<input type="checkbox"/>	_____
23	<input type="checkbox"/>	<input type="checkbox"/>	_____
24	<input type="checkbox"/>	<input type="checkbox"/>	_____
25	<input type="checkbox"/>	<input type="checkbox"/>	_____
26	<input type="checkbox"/>	<input type="checkbox"/>	_____
27	<input type="checkbox"/>	<input type="checkbox"/>	_____
28	<input type="checkbox"/>	<input type="checkbox"/>	_____
29	<input type="checkbox"/>	<input type="checkbox"/>	_____
30	<input type="checkbox"/>	<input type="checkbox"/>	_____

General

- 31 Windshield free of cracks or chips
- 32 Weather stripping intact
- 33 Mirrors attached and unbroken
- 34 Spare tire inflated/jack present
- 35 Interior clean
- 36 Exterior clean, free of damage and rust, except as noted
(Body panels, rims, molding, bumpers, lights, etc.)

31	<input type="checkbox"/>	<input type="checkbox"/>	_____
32	<input type="checkbox"/>	<input type="checkbox"/>	_____
33	<input type="checkbox"/>	<input type="checkbox"/>	_____
34	<input type="checkbox"/>	<input type="checkbox"/>	_____
35	<input type="checkbox"/>	<input type="checkbox"/>	_____
36	<input type="checkbox"/>	<input type="checkbox"/>	_____

If any items require service, please annotate the item number and describe:

Inspection performed by: _____ Date: _____