



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

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

UNDER HOOD

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

UNDER VEHICLE

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

GENERAL

	Service Needed	Meets Standard	Notes
31 Windshield free of cracks or chips	<input type="checkbox"/>	<input type="checkbox"/>	
32 Weather stripping intact	<input type="checkbox"/>	<input type="checkbox"/>	
33 Mirrors attached and unbroken	<input type="checkbox"/>	<input type="checkbox"/>	
34 Spare tire inflated/jack present	<input type="checkbox"/>	<input type="checkbox"/>	
35 Interior clean	<input type="checkbox"/>	<input type="checkbox"/>	
36 Exterior clean, free of damage and rust, except as noted (Body panels, rims, molding, bumpers, lights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
If any items require service, please annotate the item number and describe:			

Inspection performed by: _____ Date: _____