## **Annual Motor Vehicle Checklist**

Date Unit Den	Position
Owner's name	
Address	
City, state	ZIP
Driver's license no	Renewal date
Telephone ()	Alt. telephone ()
Insurance company	Amount of liability coverage \$
Make and model of vehicle	, Model Year
	Type Current?
Basic Safety Check (required)	Additional Safety Check (optional)
Seat belts for every passenger?	1. Flares for emergencies?
2. Seat belts operational?	2. Fire extinguisher?
3. Tire tread OK?	3. Flashlight?
4. Spare tire present?	4. Tow chain or rope?
5. Tire jack present?	5. First-aid kit?
6. Brakes OK?	<u></u>
7. Windshield wipers operate?	<u></u>
8. Windshield washer fluid in reservoir?	<u></u>
9. Headlights and turn sibnals operating?	<u></u>
10. Mirrors: Rear view Side view	<u></u>
11. Exhaust system OK?	