TEXAS WORKFORCE SOLUTIONS

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 passes, 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: