# Annual Motor Vehicle Checklist

<table>
<thead>
<tr>
<th>Date</th>
<th>Unit</th>
<th>Den</th>
<th>Position</th>
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**Owner’s name**

**Address**

**City, state** | **ZIP**
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**Driver’s license no.** | **Renewal date**
--- | ---

**Telephone** | **Alt. telephone**
--- | ---

**Insurance company** | **Amount of liability coverage**
--- | ---

**Other drivers of same vehicle (this trip only) and driver’s license numbers:**

| , |
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**Make and model of vehicle** | **Model Year**
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**Color** | **License no.** | **Type** | **Current?**
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## Basic Safety Check (required)

1. Seat belts for every passenger?  
2. Seat belts operational?  
3. Tire tread OK?  
4. Spare tire present?  
5. Tire jack present?  
6. Brakes OK?  
7. Windshield wipers operate?  
8. Windshield washer fluid in reservoir?  
9. Headlights and turn signals operating?  
10. Mirrors: Rear view | Side view  
11. Exhaust system OK?  

## Additional Safety Check (optional)

1. Flares for emergencies?  
2. Fire extinguisher?  
3. Flashlight?  
4. Tow chain or rope?  
5. First-aid kit?