



Specialty Vehicle Services, LLC.
 W196 S8406 Plum Creek Blvd.
 Muskego, Wisconsin 53150-8170
 P: 262.679.9096 F: 262.457.4924

CONSIGNMENT VEHICLE CONDITION REPORT

A. Legal Owner

Name: _____
 Company: _____ Position: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Mobile: _____

B. Vehicle Identification

Year: _____ Make: _____ Model: _____
 Engine Brand/Size: _____ Fuel Type: _____ Mileage: _____
 GVWR: _____ VIN: _____
 Title #: _____ Plate #: _____ Fleet #: _____
 OA Length: _____ OA Height: _____ OA Width: _____
 Interior Height: _____ Generator Size: _____ Generator Hours: _____
 Conversion Type: _____ Conv. Company: _____ Conversion Year: _____

C. Vehicle Condition

| SAFETY ITEMS | | | GENERAL | | |
|--------------------------|--------------------------|--|--|--------------------------|---|
| OK | NOT OK | | YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Service brake system | <input type="checkbox"/> | <input type="checkbox"/> | Engine problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking brake system | <input type="checkbox"/> | <input type="checkbox"/> | Driveline problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | Bumpers | <input type="checkbox"/> | <input type="checkbox"/> | Suspension problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | Emission equipment | <input type="checkbox"/> | <input type="checkbox"/> | Electrical system problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhaust system | <input type="checkbox"/> | <input type="checkbox"/> | Visible fluid leaks or problem lights/indicators? |
| <input type="checkbox"/> | <input type="checkbox"/> | Lights (marker, turn, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | Body damage? |
| <input type="checkbox"/> | <input type="checkbox"/> | Restrain devices (belts, seats, airbags, etc.) | Explain all items marked "YES" or "NOT OK" | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tires and wheels | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Steering system | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspension system | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Windshield, windows and mirrors | | | |

C. Conversion Item/Feature Condition

| OK | NOT OK | N/A | | REMARKS |
|--------------------------|--------------------------|--------------------------|---------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Generator | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AC Power system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Batteries/charging system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Audio/video system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Climate control system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair lift | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing system | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior compartments | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior finishes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior paint condition | |

I certify to the best of my knowledge that the information provided on this report is accurate

Inspector signature: _____ Phone: _____ Date: _____
 Inspector name (print): _____ Inspector company name: _____