



Municipality of Skagway Vehicle Inspection Form



Call 983-2232 for inspection appointments for each vehicle. Please complete the Shaded area here prior to arrival for your inspection appointment for this vehicle.

Appointment date _____ Time _____

Complete This Portion Prior to Inspection Please Don't Be Late

First Name _____	Commercial _____	Courtesy _____
Physical Address _____	Vehicle License Number _____	
Mailing Address _____	VIN _____	
City _____ State _____ Zip _____	Make _____	Year _____
Telephone Number _____	Vehicle Color(s) _____	
Cell phone Number _____	USDOT Number (if applicable) _____	
Fax Number _____	Registration Expiration Date _____	

Number of passengers including driver _____ Insurance card Registration

Headlights Right Left High Beams Right Left Tail Lights Right Left

Turn Signals Front Right Left Rear Right Left Emergency Flashers Front Rear

Emergency Brake Brakes (checked at slow roll) Horn Comments _____

Tires: RF LF RR LR Comments _____

Exhaust System Wipers Defroster Windshield Mirrors Window Glass

Signage in compliance Description of Logo _____

This inspection is checking for basic compliance with state vehicle equipment regulations as outlined in Alaska Administrative Code (AAC) 13.04. this examination does not purport to be an official commercial motor vehicle inspection as outlined in AAC 13.05. The owner/operator of this vehicle understands that he is responsible for full compliance with AAC 13.04, and that this vehicle must be maintained in a safe, sound condition at all times.

Owner/Operator signature

Date

Inspection Date _____ Pass Fail

Inspector

Date