

OK		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIGHTS
<input type="checkbox"/>	<input type="checkbox"/>	Headlamps
<input type="checkbox"/>	<input type="checkbox"/>	Directional
<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	Courtesy
<input type="checkbox"/>	<input type="checkbox"/>	Back-up
<input type="checkbox"/>	<input type="checkbox"/>	Parking
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HORN
<input type="checkbox"/>	<input type="checkbox"/>	RADIO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AIR CONDITIONER
<input type="checkbox"/>	<input type="checkbox"/>	HEATER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIRRORS
<input type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOWS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES
<input type="checkbox"/>	<input type="checkbox"/>	Air pressure
<input type="checkbox"/>	<input type="checkbox"/>	Tread wear

OK		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	TRUNK
<input type="checkbox"/>	<input type="checkbox"/>	Lock Operation
<input type="checkbox"/>	<input type="checkbox"/>	Spare tire
<input type="checkbox"/>	<input type="checkbox"/>	Jack
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOOD
<input type="checkbox"/>	<input type="checkbox"/>	Latch
<input type="checkbox"/>	<input type="checkbox"/>	Safety latch
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD WIPER
<input type="checkbox"/>	<input type="checkbox"/>	Blades
<input type="checkbox"/>	<input type="checkbox"/>	Operation
<input type="checkbox"/>	<input type="checkbox"/>	Reservoir
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OIL (SAFE ZONE)
<input type="checkbox"/>	<input type="checkbox"/>	GASOLINE (Over Half-Full)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLUID
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering
<input type="checkbox"/>	<input type="checkbox"/>	Transmission
<input type="checkbox"/>	<input type="checkbox"/>	Brake
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AIR FILTER

OK		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	BATTERY
<input type="checkbox"/>	<input type="checkbox"/>	Water
<input type="checkbox"/>	<input type="checkbox"/>	Cables/Posts/Clamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RADIATOR
<input type="checkbox"/>	<input type="checkbox"/>	Coolant level
<input type="checkbox"/>	<input type="checkbox"/>	Reservoir
<input type="checkbox"/>	<input type="checkbox"/>	Cap gasket
<input type="checkbox"/>	<input type="checkbox"/>	INSPECTION STICKER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interior Clean (Incl. Ashtray)
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Clean
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BELTS
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering
<input type="checkbox"/>	<input type="checkbox"/>	Alternator
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUFFLER

REMARKS (Continue on back if needed)		
DATE	INITIALS	LOUISIANA LICENSE PLATE NO.

# VEHICLE CHECKLIST