



License Number _____
 Receipt Number _____

ICE CREAM VEHICLE INSPECTION

Name of Company: _____
 Date Filed: _____ Motorized: Y ___ N ___
 Make, Model & Year: _____
 Vehicle Serial Number _____
 Kansas License Plate Number _____

To be filled out by inspector:

Date of Inspection: _____
 Time in: _____ Time out: _____

<u>Check Item</u>	<u>OK</u>	<u>Required Attention</u>
BRAKES		
FRONT LIGHTS-TURN SIGNALS		
REAR LIGHTS-TURN SIGNALS		
STEERING		
TIRES		
EXHAUST SYSTEM-MUFFLER		
GLASS		
WINDSHIELD WIPERS		
REAR VIEW MIRRORS		
HORN		
BACK UP LIGHTS		
SEAT BELTS		
DOOR KNOBS AND HANDLES		
FLASHING AMBER CAUTION LGT(S) (one or more visible from all sides)		
CAUTION – CHILDREN SIGN – FRONT & REAR		

Other safety defect(s) noted:

Pass _____ Fail _____

Signed _____
 Inspector