



CITY OF PORTSMOUTH, NEW HAMPSHIRE
OFFICE OF THE CITY CLERK

TAXICAB INSPECTION FORM

INSTRUCTIONS: TO BE COMPLETED BY AN AUTHORIZED CITY OF PORTSMOUTH INSPECTOR ONLY. ALL INFORMATION MUST BE CLEAR AND COMPLETE OR WILL NOT BE ACCEPTED.

PLEASE PRINT CLEARLY

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____

Plate Number: _____ Medallion Number: _____

INSPECTION INFORMATION

1. Date of Inspection: _____

2. Vehicle Identification Number: _____

3. Year Vehicle Manufactured: _____

4. Make of Vehicle: _____

5. Model of Vehicle: _____

6. Primary Color of Vehicle: _____

7. New Hampshire State Inspection Sticker Number: _____ Expires: _____

8. Were both license plates attached to the vehicle (circle one): YES / NO

9. Were the tires bald (circle one): YES / NO

10. Was the fare card visible (circle one): YES / NO

11. Were there any cracked windows (circle one): YES / NO If yes, how man windows: _____

12. Was there any visible vehicle damage (circle one): YES / NO If so, specifically describe below:

13. Was a roof light on the vehicle (circle one): YES / NO

14. Is the roof light removable (circle one): YES / NO

15. Is there writing on the roof light (circle one): YES / NO

16. Is the vehicle door's clearly lettered and fares listed (circle one): YES / NO

17. Is the lettering three (3) inches or higher (circle one): YES / NO

18. Is the lettering removable (circle one): YES / NO

CERTIFICATION

Name of Inspector: _____

Signature of Inspector: _____

Date of Inspection: _____