

TAXI CAB INSPECTION

Each taxi cab in the applicant taxi service's fleet must be inspected by a designated member of City of Martinez to ensure compliance. After the initial inspection, each taxi cab must be inspected on an annual basis. The City of Martinez will schedule the annual inspection and notify the taxi service by letter 30 – 60 days prior to the inspection date.

Special inspections for vehicles that failed to pass inspection, replacement or additional vehicles may be arranged by contacting Corporal Fred Ferrer at (925) 372-3440.

Upon arriving at the designated inspection site, the applicant must present the following documents for each vehicle to be inspected. If the applicant is missing any of the documents listed below, the inspection process will not begin and the applicant must make another appointment.

- Taxi cab Inspection form (top section completed by the applicant owner). Middle section completed and signed by a Certified Brake Inspection Station. (Bottom section to be completed by inspecting City of Martinez employee.
- \$75.00 check made payable to the City of Martinez (or cash) for the inspection of each vehicle in the fleet.
- Proof of valid insurance for each vehicle.



MARTINEZ POLICE DEPARTMENT TAXICAB INSPECTION FORM

- Annual Inspection
- Replacement Vehicle
- Insurance Certificate Verification
- Business License Verification

Taxicab Company Name					
Vehicle No.	Year	Make	Model	License No.	Vehicle ID No
Registration <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered Owner			

INSTRUCTIONS

1. A safety inspection shall be performed on the vehicle by a certified brake inspection station. The mechanic performing the inspection must complete the section below.
2. The vehicle shall be inspected by a person and at a location designated by the Chief of Police.

THE FOLLOWING SECTION MUST BE COMPLETED BY A CERTIFIED BRAKE INSPECTION STATION

EXHAUST SYSTEM <input type="checkbox"/> Intact <input type="checkbox"/> Leaking	UPPER BALL JOINTS Freeplay <input type="checkbox"/> Yes <input type="checkbox"/> No Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	LOWER BALL JOINTS Freeplay <input type="checkbox"/> Yes <input type="checkbox"/> No Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	TIE RODS Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	BRAKE SYSTEM Safe <input type="checkbox"/> Yes <input type="checkbox"/> No
SHOCK ABSORBERS Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	PITTMAN ARM & STEERING BOX Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	TRANSMISSION Safe <input type="checkbox"/> Yes <input type="checkbox"/> No	VEHICLE MILEAGE	

COMMENTS:

I certify that I performed the above inspection and they conform to all applicable laws.

Business Name _____

Business Address _____

Signature _____

Date _____

THE FOLLOWING SECTION SHALL BE COMPLETED BY THE MARTINEZ POLICE DEPARTMENT

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> High Beam | <input type="checkbox"/> Horn | <input type="checkbox"/> Front License Plate | <input type="checkbox"/> Spare Tire | <input type="checkbox"/> Low Beam |
| <input type="checkbox"/> Brake Lights | <input type="checkbox"/> Rear License Plate | <input type="checkbox"/> Taxi Lettering (rear) | <input type="checkbox"/> Tail Lights | <input type="checkbox"/> Turn Signals |
| <input type="checkbox"/> Front Bumper | <input type="checkbox"/> Taxi Lettering (Left) | <input type="checkbox"/> Taxi Lettering (right side) | <input type="checkbox"/> Rear Bumper | <input type="checkbox"/> Gas Cap |
| <input type="checkbox"/> Back up Lights | <input type="checkbox"/> Parking Lights | <input type="checkbox"/> Dashboard Gauges | <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Fares Posted |
| <input type="checkbox"/> Top Dome Light | <input type="checkbox"/> Heater (Blower) | <input type="checkbox"/> Rearview Mirror | <input type="checkbox"/> Driver Permit Posted | <input type="checkbox"/> Upholstery |
| <input type="checkbox"/> Inside Dome Light | <input type="checkbox"/> Defroster (Blower) | <input type="checkbox"/> Right Front Tire | <input type="checkbox"/> Turn Signal Indicator | <input type="checkbox"/> Outside Paint |
| <input type="checkbox"/> Parking Brake | <input type="checkbox"/> Right Rear Tire | <input type="checkbox"/> High Beam Indicator | <input type="checkbox"/> Registration Card | <input type="checkbox"/> Left Front Tire |
| <input type="checkbox"/> Sideview Mirror | <input type="checkbox"/> License Plate Light | <input type="checkbox"/> Front Seat Belts | <input type="checkbox"/> Left Rear Tire | |

Failed initial inspection _____ Reinspected Pass/Fail By: _____

Items to be rechecked: _____

COMMENTS:

Inspecting Officer _____

Sticker # _____

Taxi Cab Company _____

Owner: _____

Contact #: _____

Number of cabs to be inspected: _____

Number of employees to be permitted: _____