

GovDeals Heavy Truck Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:																
Short Description: Year _____ Manufacturer _____ Model _____																		
VIN: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N																		
Mileage/Odometer: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____																		
Long Description: Primary Use for Vehicle: _____ This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is Not Operable <input type="checkbox"/> For Parts Only Engine Manufacture: _____ Engine: ____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles # of Axles _____ Engine Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Jake Brake: <input type="checkbox"/> Yes <input type="checkbox"/> No Engine Repairs needed: _____ Transmission Manufacture: _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Manual ____ Speed Transmission Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Unknown <input type="checkbox"/> Rebuilt (Date: _____) Transmission Repairs Needed: _____																		
Exterior: Color _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low _____ <input type="checkbox"/> Flat _____ Damage to: _____ Additional Damage to: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Capacity: _____ Loader: <input type="checkbox"/> Front <input type="checkbox"/> Side Electronic Tarp: <input type="checkbox"/> Yes <input type="checkbox"/> No Condition: _____																		
Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors Airbags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> AC <input type="checkbox"/> No AC AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown Power: <input type="checkbox"/> Windows <input type="checkbox"/> Doorlocks <input type="checkbox"/> Steering <input type="checkbox"/> Seats																		
Additional Equipment: Manufacturer: _____ Model: _____ Serial # _____ Description: _____ Equipment Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Other Equipment: _____																		
Location of Asset: _____ For more information contact: _____																		