

Metropolitan Transportation Licensing Commission

Certification of Mechanic's Inspection

The making of any false statement in this application may subject the offender to any penalty prescribed by law.

Date _____

Name of Mechanic _____

Company or Service Center _____

Address _____

City _____ State _____ Zip Code _____

I am an Automotive Service Excellence (ASE) certified mechanic: Yes No

Certificate Number _____ (*Attach copy of certification form*)

Areas of certification _____

I understand that vehicles permitted by the Metropolitan Transportation Licensing Commission are to undergo a detailed mechanical inspection.

I have inspected the following vehicle on (date): _____, 20____:

Make/Model: _____ VIN: _____

A copy of my inspection report is attached.

I affirm that I have no financial interest in any taxicab or other passenger for hire vehicle or company, or in any taximeter/installation/repair company.

Signature of Mechanic