



**CITY OF GRAND RAPIDS
TAXICAB INSPECTION**

INSTRUCTIONS: TO BE COMPLETED BY AUTHORIZED CITY STAFF ONLY. ALL INFORMATION MUST BE CLEAR AND COMPLETE. ANY DISCREPANCIES REQUIRE REPAIR AND FOLLOW UP INSPECTION PRIOR TO ISSUANCE OF LICENSE.

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____

License Plate #: _____ Date of Inspection: _____

Make/Model/Year: _____

Two-way communication equipment of sufficient capability to communicate anywhere within the City with any other place in the City, to accommodate dispatching.	Lighted "taxicab" or "taxi" device on the outside roof of the vehicle.
Vehicle displays the designation "taxicab" or "taxi" in plain, visible letters not less than four inches in height, on each side of the taxicab.	Each taxicab must have four doors at a minimum.
Must have an accurately functioning taximeter, which is plainly visible and readable inside the taxicab by passengers.	Visible fare card, displaying taxi license, maximum fare rates, statement that any packages left in vehicle will be return by driver to Police Department for identification and claims.
Seat belts – must all be present and functioning properly.	Windows are clean and functioning properly.
Mirrors in good condition.	Windshield wipers in good condition and functioning properly.
Windshield washer functioning properly.	Heater and Defroster – proper operations
Horn secured and operating properly.	License plates and holders properly attached and clean.
Doors & Fenders: proper fit, function, alignment.	Front grill & headlight assemblies secure and in proper working condition.
Brake lights & turn signals in proper working order.	Hood & trunk panels open & close properly.
Windshields free from rock chips in driver's view, no more than 2.	Vehicle interior clean and clear of personal items and debris.
Fuel cap present and free of cracks or breaks.	Driver photo identification card with person's photo, name, Cab company name, and words "Licensed Taxicab" in 1" letters displayed at chest high level.

CERTIFICATION

Name of staff conducting inspection: _____ Approved: Y / N

Staff signature: _____

FOLLOW UP INSPECTION: _____ Approved: Y / N

Staff signature: _____ Date: _____