



**MESA COUNTY OFFICE OF EMERGENCY MANAGEMENT**  
 215 Rice Street, P.O Box 20,000-5016  
 Grand Junction, CO 81502

**Certificate of Motor Vehicle Condition**

Date of Certification: \_\_\_\_\_ Agency's Fleet Number: \_\_\_\_\_

VIN: \_\_\_\_\_ Vehicle Owner: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Evaluation Check List**

Item	Acceptable	Not Acceptable	Comments
Wheels & Tires			
Steering			
Alignment			
Suspension			
Brakes			
Hand Brake			
Lights			
Electrical System			
Glass			
Exhaust System			
Fuel System			
Body & Sheet Metal			

The undersigned, professing to be a motor vehicle mechanic, has on this date, evaluated the mechanical condition of the identified ambulance and determined that this vehicle is in safe operating condition. Said warranty does NOT warrantee future status of the Ambulance due to conditions beyond the mechanic's control.

\_\_\_\_\_  
 Mechanic's Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone