

Vehicle Repair Request

Vehicle:		Date:	
Rego Number:		Odometer Reading:	
Driver/Inspector:			

Steering gear	<input type="checkbox"/>	Tyres	<input type="checkbox"/>	Starter	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	Generator	<input type="checkbox"/>
Brakes	<input type="checkbox"/>	Smoke/emissions	<input type="checkbox"/>	Lights	<input type="checkbox"/>
Windshield wipers	<input type="checkbox"/>	Battery	<input type="checkbox"/>	Turn signals	<input type="checkbox"/>
Horn	<input type="checkbox"/>	Speed limiting system	<input type="checkbox"/>	Other - specify	<input type="checkbox"/>

Vehicle Repairs Completed:					
Date:		Signature:			
Comments:					
Fault/s to be monitored:					
Date:		Signature:			
Comments, including conditions:					
Repairs to be deferred:					
Date:		Signature:			
Comments, including conditions:					