

GovDeals Bus Inspection Form

Inventory ID _____	Asset Number _____	Fair Market Value: _____																			
Short Description:																					
Year _____ Make _____ Model _____																					
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N																					
Mileage/Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> </table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____																					
Long Description:																					
Primary use for Bus: _____ # of Passengers: _____ This vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																					
Engine Manufacture: _____ Engine Type: _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Repairs needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available 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: _____) Repairs Needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																					
Exterior Description:																					
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 Over <input type="checkbox"/> Have been removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Other Exterior Information: _____																					
Interior Description:																					
Color _____ <input type="checkbox"/> Vinyl <input type="checkbox"/> Cloth <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 Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No AC Operating Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown Other Interior Information/Options: _____																					
Other Equipment: Description _____																					
Manufacturer _____ Model _____ Serial # _____																					
Location of Asset: _____																					
For more information contact: _____																					