



#
PAID _____

TOWN OF CAPE CARTERET

252-393-2183

GOLF CART SAFETY INSPECTION FORM

(Please print)

Owner Name: _____ Owner Phone #: _____

Owner Address _____

Golf Cart Make: _____ Golf Cart Serial # _____

Inspection Item	(Check One)		Comments (All marks of "Fail" should be explained in detail below):
	Pass	Fail	
Two operating front headlights visible from a distance of at least 250 ft.			
Two operating tail lights visible from a distance of at least 250 ft.			
Two operating brake lights visible from a distance of at least 250 ft.			
Two operating turn signals visible from a distance of at least 250 ft.			
Rear Vision Mirror			
Reflectors (at least one per side)			
Parking Brake			
Seat belts for all seat positions: # of seats _____ # of seat belts _____			
Windshield			
Does not exceed three rows of seats			

I certify that I have conducted an inspection of the above referenced vehicle and that the conditions of the inspection items are accurately reported:

Inspector's Printed Name _____

Inspection Date _____

Inspector's Signature _____

Golf carts shall not be licensed or operated if any inspection item fails, until such time as the inspection item has been repaired by a qualified technician. A copy of the repair bill must be attached to this inspection form as proof of correction.