



#
PAID _____

**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.