

## GovDeals Bus Inspection Form

<b>Inventory ID</b>	<b>Asset Number</b>	<b>Fair Market Value:</b>
<b>Short Description:</b>		
Year _____	Make _____	Model _____
<b>VIN:</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
Mileage/Odometer: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N
Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____		
<b>Long Description:</b>		
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"/> <b>For Parts Only</b>		
<b>Engine Manufacture:</b> _____		<b>Engine Type:</b> _____ 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		
<b>Engine Condition:</b> <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
<b>Transmission Manufacture:</b> _____		<input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed
<b>Transmission Condition</b> 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
<b>Exterior Description:</b>		
<b>Color:</b> _____		<b>Windows:</b> <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____
<b>Minor:</b> <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings		<b>Tire Condition:</b> <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: _____		
<b>Interior Description:</b>		
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: _____		
<b>Other Equipment: Description</b> _____		
<b>Manufacturer</b> _____		<b>Model</b> _____ <b>Serial #</b> _____
<b>Location of Asset:</b> _____		
<b>For more information contact:</b> _____		