



**IMPORTANT:** The following information must be completed.

Dealer Name

Technician Name

Inspection Date (Month/Day/Year)

Model Name

VIN

Mileage/Kilometers

Repair Order Number

Date of Repair Order (Month/Day/Year)

**REQUIRED:** The undersigned verifies that the vehicle has been inspected and appropriately reconditioned as indicated herein. This area must be filled in completely. Submitted to United Car Care, Inc.

Name (Please Print)

Title

Signature

Date (Month/Day/Year)

## INSPECTION AND CONDITION REPORT

**Vehicles that have been extensively damaged, improperly repaired and/or those that will require significant expense to recondition should be eliminated from your consideration.**

Ask yourself, "Once reconditioned, will this vehicle be ready for the Front Line?"

If your answer is yes, then proceed.

- New Vehicle Delivery Date: \_\_\_\_\_ Qualify: ☐ Yes ☐ No
  - Still under Warranty: ☐ Yes ☐ No If yes, expires: \_\_\_\_\_
  - Date Last Maintenance performed: \_\_\_\_\_  
Mileage/Kilometers: \_\_\_\_\_
  - Is any Maintenance currently due? ☐ Yes ☐ No  
**(If yes, the most comprehensive missed maintenance must be performed.)**
  - Are there any open campaigns? ☐ Yes ☐ No  
**(If yes, all campaigns must be completed.)**
  - All Books? (If no, replace as needed) ☐ Yes ☐ No
  - All Keys? (If no, replace as needed) ☐ Yes ☐ No
  - Radio Code? ☐ Yes ☐ No
- Record Radio Code here: \_\_\_\_\_

### • Check Warranty/Maintenance History

- Was the vehicle ever reported **totaled**? ☐ Yes ☐ No
- Or is there any structural **damage**? ☐ Yes ☐ No
- Or does the vehicle show signs of **flood damage**? ☐ Yes ☐ No
- Or is the mileage showing on the odometer different from the actual **vehicle mileage**? ☐ Yes ☐ No
- Is there a discrepancy in the **VIN plate** and other VINs on the vehicle and paperwork? ☐ Yes ☐ No

**If any of these answers are yes, the vehicle does not qualify. Discontinue the inspection (update vehicle history file, as appropriate).**

Once the above is completed/verified, then initiate the following inspection steps and perform repairs as needed.

**Note:** All repairs must be performed according to the repair procedures in the Repair Manuals, Microfiche and/or Technical Bulletins provided by manufacturer.

System	Type of Inspection	Check for	Results/Value	Remarks: Qualify All Problems Here
<b>INTERIOR</b>				
Keys	Test	Remote open/close	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering Wheel	Test	Adjustments/Lock	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Door/Handles	Test	Function, Feel	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Warning Chimes	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Window Operation	Test	Switches, Regulator	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Console	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Side and Back Windows	Visual	Chips, Cracks, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Windshield	Visual	Chips, Cracks, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Seats/Headrests	Test	Function, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Seat Heaters	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Seat Belts/Retractors	Test	Function, Wear	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Air Bags	Test	Function, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
<b>Note:</b> Check and verify that the safety systems of this vehicle have not been disabled. If they have, then they must be restored to original (when new) configuration for this vehicle, prior to re-sale.				
Mirrors (in and out)	Test	Function, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Clock	Test	Set to Correct Time	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Glovebox/Ashtray	Visual	Function, Light, Lock	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Instrument Lights	Visual	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Sunroof	Test	Function, Sealing	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Lighter/12V Outlets	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Dome, Map, Visor Lights	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Door/Child Safety Locks	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Alarm System	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Upholstery	Visual	Wear, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Carpet/Floor Mats/Trunk	Visual	Wear, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Door Panels, Fuel/Trunk Release	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Headliner/Sun Visors	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Ignition Switch	Operation	Wear, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Ignition Switch	Turn to "On"	All I.P. Warning Lights	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
<b>Perform full analysis of all computer-controlled onboard systems.</b>				
Check Readiness Code (If Readiness Code is not set, establish during Road Test)			<input type="checkbox"/> OK <input type="checkbox"/> Problem	
ATF Fluid	Visual	Level, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
<b>Note:</b> Check ATF Level in accordance with Model-specific workshop procedures.				
<b>ROAD TEST (15 – 20 minutes—must reach operating temperature)</b>				
Record Mileage/Kilometers on Odometer at start of Road Test:				
Engine	Test	Starting, Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Idle, Knock, Vibration	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Valve Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Smoke	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Automatic Transmission	Test	Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
(Including Shift Lock)		Slippage, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Shift Points	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Down Shift	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Manual Transmission	Test	Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Shifting	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Differential	Test	Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	

System	Type of Inspection	Check for	Results/Value	Remarks: Qualify All Problems Here
Clutch	Test	Operation, Slippage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering	Test	Noise, Effort	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Vibration, Pulling	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering Wheel Aligned	Visual		<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Suspension	Test	Function, Feel, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Brakes (and ABS)	Test	Function, Feel, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Parking Brake	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
A/C System/Defroster	Test	Operation, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Heater	Test	Operation, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Speedometer	Test	Function, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Horn(s)	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Radio/Antenna	Test	Function/Pre-Sets	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
CD/Cassette/Navigation	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Speakers	Test	Noise, Vibration	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wipers/Washers (F and R)	Test	Function/Jets Aim	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wiper Blades/Arms	Test	Function/Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Cruise Control	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wind Noise, Squeaks, Rattles/Wheel Bearing or Exhaust Noises			<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Engine	Test	Hot Start/Idle	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Odometer (Record mileage/kilometers at end of test: _____)			<input type="checkbox"/> OK <input type="checkbox"/> Problem	

**Note:** Compare with mileage/kilometers at start of road test:

#### AFTER ROAD TEST (Engine Off)

Cooling System	Visual	Leaks, Hoses, Radiator-Pumps	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Coolant	Visual	Level	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
	Test	Antifreeze Content	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Protected to _____ degrees	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Battery/Charging System	Test	Function, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Battery Cables/Clamps	Visual	Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Ignition Wires	Visual	Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
V-belts/Air Filter	Visual	Loose, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
A/C Compressor, Clutch	Visual	Function, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Cooling Fan	Visual	Function, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Washer Reservoir	Visual	Fluid Level, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Engine Oil	Visual	Level, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Power Steering	Visual	Fluid Level	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Brake Reservoir, Master Cylinder	Visual	Fluid Level	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Fuel System	Visual	Leaks, Fittings, Filter	<input type="checkbox"/> OK <input type="checkbox"/> Problem	

System	Type of Inspection	Check for	Results/Value	Remarks: Qualify All Problems Here
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## EXTERIOR

Any dings, dents and scratches to body, bumper or wheels, which detract from the "Front Line" appearance of the vehicle, should be professionally repaired. All body trim should be intact and damage-free.

Turn Signal/Marker	Visual	Damage, Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Emergency Flasher	Visual	Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Antenna Mast	Visual	Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Headlights	Visual	Lens Broken	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Headlight	Test	High/Low Beam	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Fog Lights	Visual	Lens Broken, Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Tail/Brake/Reverse/License Plate/Lights	Visual	Lens Broken, Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem
High-Mount Brake Light	Visual	Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Trunk/Rear Hatch/Trim/Roof Rack	Test	Function, Feel, Lights	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Spare Tire, Jack, Tool Kit	Visual	Damage, Tire Pressure	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Cabrio, Top	Test, Visual	Condition, Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem

## UNDER BODY (Vehicle On Lift)

Wheels	Visual	Damage, Matched	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Tires	Visual	Damage, Pressure	<input type="checkbox"/> OK <input type="checkbox"/> Problem

**Note:** All tires must be correct size and match Brand and Type

Tread Depth (Minimum 4/32) LF _____ RF _____ RR _____ LR _____			<input type="checkbox"/> OK <input type="checkbox"/> Problem
	Visual	Unusual tire wear?	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Wheel Covers	Visual	Damage, Missing	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Transmission	Visual	Oil Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem
		Worn Mounts	<input type="checkbox"/> OK <input type="checkbox"/> Problem
C/V Joint Boots	Visual	Leaks, Worn	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Axles, Suspension	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Control Arms, Bushings, etc.	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Engine	Visual	Leaks, Mounts	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Shocks/Struts/Springs	Visual	Leaks, Damage, Weak	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Brake System	Visual	Damage, Leaking	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Brake Pad Lining	Measure	Minimum 50% remain	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Brake Rotors/Calipers	Visual/Measure	Leaks, Specs	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Exhaust	Visual	Leaks, Alignment	<input type="checkbox"/> OK <input type="checkbox"/> Problem
		Damage, Wear	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Steering Rack, Pump	Visual	Leaks, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Hoses	Visual	Damage, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Hydraulic Pump	Visual	Leaks, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem
Underbody	Visual	Other Damage, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem

## Please Verify:

- Any and all non-original equipment is either replaced or disclosed and specifically excluded from warranty coverage on the sales invoice.
- All original equipment on the vehicle you are inspecting, which is not specifically called out herein, is inspected and is verified to be in good working condition.
- Owner's Manual and other owner materials are with the vehicle (replace as required).
- All keys are with the vehicle (including all keyless entry transmitters, as appropriate) and are functional.
- If equipped with CD changer or navigation system, verify the CD magazine and CDs are with the vehicle.
- Vehicle Maintenance is up to date and the maintenance record is complete.
- Minor paint/body reconditioning has been satisfactorily completed.
- Vehicle is detailed—front-line ready.