

**BRIDGEND COUNTY BOROUGH COUNCIL
DECLARATION OF FITNESS FORM HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE**

Vehicle Reg		Plate No	
Make & Model			
Last Inspection		Passenger Seats	
VIN			
Mileage		MOT Cert No	

ITEM	TESTABLE ITEM	PASS	FAIL	COMMENTS/REASONS FOR FAILURE
S1	Lamps, reflectors and electrical equipment			
01	Lamps front			
02	Lamps rear			
03	Direction indicators			
04	Electrical wiring and equipment including EMU warning lights			
S2	Steering and suspension			
06	Steering control			
07	Steering mechanism/system			
08	Power steering			
09	Transmission			
10	Wheel bearings			
11	Front suspension			
12	Rear suspension			
13	Shock absorbers			
S3	Braking system			
14	Controls/ABS warning system			
15	Footbrake and handbrake			
S4	Tyres and road wheels			
16	Tyre type and condition			
17	Road wheels			
S5	Seat Belts			
18	Mountings			
19	Condition			
S6	Body, structure and general items			
20	Vehicle body and condition (exterior)			
21	Vehicle body, security, condition and cleanliness (interior)			
22	Doors and seats (security, operation and cleanliness)			
S7	Exhaust, fuel and emissions			
23	Exhaust system			
24	Fuel system – pipes and tanks			
S8	Driver's view of the road			
25	Mirrors and view from rear windscreen			
26	Front windscreen and window glass (inc. operation and unrestricted view of road)			
27	Windscreen washers/wipers			
S9	Additional requirements			
28	Oil and water leaks			
29	Ancillary equipment			
30	Meter - test and seal			
31	Speedometer			
32	Roof sign/For Hire sign/Roof light			
33	Licence plates/discs/door signs			

34	Table of fares displayed			
S10	Ancillary equipment			
35	Wheelchair restraint and access equipment (if applicable)			
36	Wheel Chair Ramps present Yes/No			
37	Wheel Chair Tail lift fitted Yes /No			
38	Spare bulb kit			
39	CCTV/Dashcam fitted (with signage for passenger) Yes/No			
40	Fire Extinguisher and First Aid Kit			

Passed for plate		Failed as above	
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(tick as appropriate)

I have examined this vehicle and certify that in my opinion this report is correct at the time of examination

Examiner Name	
Date	
Signature	