

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

Examiner Name	[REDACTED]	Plate No	[REDACTED]
Vehicle Registration	[REDACTED]	Make & Model	[REDACTED]
Passenger Seats	[REDACTED]	Mileage	[REDACTED]
VIN	[REDACTED]		
MOT Certificate No			PASS

	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 & equipment inc. 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/cleanliness (interior)	/		
22	Doors & seats (security/operation/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 & window glass (inc. operation & view of road)	/		
27	Windscreen washers/wipers	/		
S9	Additional requirements	/		
28	Oil and water leaks	/		
29	Ancillary equipment	/		
30	Meter - test and seal	NA		
31	Speedometer	NA		
32	Roof sign/For Hire sign/Roof light	NA		
33	Licence plates/discs/door signs	NA		
34	Table of fares displayed	NA		
S10	Ancillary equipment	/		
35	Wheelchair restraint & access equipment (if applicable)	NA		
36	Wheel Chair Ramps present Yes/No	NA		
37	Wheel Chair Tail lift fitted Yes /No	NA		
38	Spare bulb kit	/		
39	CCTV/Dashcam fitted and signage Yes/No Not a failure item	NA		
40	Fire Extinguisher & First Aid Kit	/		

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

Signature	[REDACTED]	Date	[REDACTED]
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Pass or Fail as above *PASS* | PASS/FAIL