

BURLINGTON TWP. FIRE DEPARTMENT

PERSONAL VEHICLE EMERGENCY EQUIPMENT INSPECTION

Inspection Date / Time _____ / _____

Vehicle Registration _____ Vehicle VIN _____

Vehicle Make _____ Vehicle Model _____

Vehicle Year _____ Vehicle Color _____

Insurance Policy _____ Insurance Company _____

Registration Document _____ Insurance Document _____ Driving Record _____

Siren Make, Model, Location _____

Speaker Make, Model, Location _____

Light(s) Make, Model, Location _____

Vehicle Safety Check:

Headlights _____ Brake Lights _____ Turn Signals _____ Tire Tread _____ Windshield/Glass _____

I will report any change in vehicle condition, emergency equipment condition, registration and insurance status, or my license status to a Fire Officer at the earliest opportunity.

Member Printed Name: _____

Member Signature: _____ Date: ____/____/____

The above vehicle, its basic equipment, and the emergency equipment meet the minimum requirements of the Michigan Motor Vehicle Code, act 300, P.A. 1949.

Inspector (Officer) Printed Name: _____

Inspector (Officer) Signature: _____ Date: ____/____/____

The minimum driver training requirements of the Burlington Twp. Fire Department have been met, Standard Operating Guidelines pertaining to emergency vehicle response have been reviewed by the member, and the member has completed six months of satisfactory service.

Fire Chief Printed Name: _____

Fire Chief Signature: _____ Date: ____/____/____