

**CITY OF CARIBOU
VEHICLE CERTIFICATION**

Date: _____

Business Name: _____

Owner's Name: _____

This form must be filled out completely and signed by a reputable garage and submitted to the Chief of Police for approval before license is granted.

Registration # _____ Serial # _____

Motor # _____ Year _____ Model _____ Style _____

Color _____ H.P. (cyl.) _____ Capacity _____ Wt. _____

Condition of :

Lights _____

Brakes _____ 2Wheel _____ 4Wheel _____

Hand Brakes _____ Steering Mechanism _____

Mirrors (inside) _____ (outside) _____

Windshield Wipers _____

Horn or Signal Device _____

Front Signal Lights _____ Rear Signal Lights _____

If Truck: Mechanical condition _____

Gross Weight _____

If Automobile: Is Mechanical Condition such as to guarantee the safe transportation of passengers _____

Signed: _____ Print: _____

By: _____

(Name of Garage)

FOR POLICE USE:

Approved: _____

Rejected: _____

Reason: _____

Date: _____ By: _____, Chief of Police