

**Safety Inspection Certificate
For the Operation of Taxicab in the City of Salem**

We certify that we have, tested and examined an automobile identified as a
year _____, make _____, VIN # _____,
owned by _____ and to be used for taxicab purposes,
as provided by Section 21-33 of the Salem Code of Ordinance.

The safety inspection shall include the testing and inspection of:

<input type="checkbox"/> Brakes	<input type="checkbox"/> Lights
<input type="checkbox"/> Horns	<input type="checkbox"/> Reflectors
<input type="checkbox"/> Rear View Mirrors	<input type="checkbox"/> Safety Chains
<input type="checkbox"/> Frames	<input type="checkbox"/> Axle
<input type="checkbox"/> Body	<input type="checkbox"/> Wheels
<input type="checkbox"/> Steering Apparatus	<input type="checkbox"/> Other Safety Devices & Appliances

We hereby certify that this vehicle has **passed** _____, or **not passed** _____ the
safety inspection and **is** _____, or **is not** _____ **approved** for operation as a taxicab in
the City of Salem as per Section 21-33 of Salem Code of Ordinance.

_____ Inspector Signature	_____ Date
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Inspector's Business Name and Address

*Please return the completed Inspection Certificate to the attention of the City Clerk at the
City of Salem, 101 South Broadway, Salem, IL 62881.*