

CHECKLIST FOR VEHICLE TURN-IN

North Dakota Department of Transportation, State Fleet Services
SFN 50652 (1-2016)

To Be Completed by User

Agency Turning in Vehicle	
Dept. No	Location
SF Vehicle No	Turn-in Miles
Model Year	Vehicle Color
Vehicle Make	Vehicle Model

Prior to Vehicle Turn-in

- Remove All Agency Equipment and Personal Items
- Remove All Loose Items From Inside
- Clean out All Cargo Areas and Pickup/Truck Boxes
- Wash and Clean Exterior
- Clean and Vacuum Interior
- Check All Lights are Working
- Windshield Cracked Pitted
- Spare Tire, Jack, Tire Wrench
- Tailgate on Vehicle

At Time of Turn-in

- Keys(minimum two sets) Registration Card-in glove box
- Credit Card
- Owner's Manual in Glove Box
- License Plates on Vehicle (except Special plates)

Accessories

<input type="checkbox"/> Air Conditioner	Do All Work?
<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Power Locks	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Power Seats	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cassette/CD/AM FM	<input type="checkbox"/> Yes <input type="checkbox"/> No

List Any Mechanical Deficiencies/Body Damage

Odometer at Last Oil Change

Name of Person Turning in Vehicle	Date
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To Be Completed by DOT (shop rep.)

Has Vehicle Turn-in Sheet Been Completed?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Test Drive		
Note Engine Information		
<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel		
# Cylinders _____	Liter Size _____	C.I.D. _____
Transmission Type		
<input type="checkbox"/> Automatic <input type="checkbox"/> Std. <input type="checkbox"/> 3 sp. <input type="checkbox"/> 4 sp.		
<input type="checkbox"/> 5 sp. <input type="checkbox"/> 6 sp.		
<input type="checkbox"/> Check all Fluid Levels <input type="checkbox"/> Check all Lights		
Tire Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Additional Equipment		
<input type="checkbox"/> Topper <input type="checkbox"/> Tonneau Cover <input type="checkbox"/> Tool Box <input type="checkbox"/> Lift		
List Repairs Made to Vehicle		
List Mechanical Items That Need Attention		
List Any Interior/Exterior Damage		
Name of Person Receiving Vehicle		
Miles	Hours	Date