

# CERTIFICATE OF MOTOR VEHICLE INSPECTION

North Dakota Department of Transportation, Motor Vehicle  
SFN 2486 (12-2024)

MOTOR VEHICLE DIVISION  
ND DEPT OF TRANSPORTATION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0780  
Telephone (701) 328-2725  
Website: <https://dot.nd.gov>

This form must be completed by an agent for the qualified business providing the inspection as required by NDCC 39-05-20.2  
All fields require completion. Incomplete or illegible forms will not be accepted. Note: VIN inspection requires SFN 61999 to be completed.

Vehicle Owner Name(s)	Phone Number
-----------------------	--------------

### Reason for Vehicle Inspection (Select one):

<input type="checkbox"/> Newly constructed/Kit Car	<input type="checkbox"/> Modified Motor Vehicle - Please Explain (Proof Required):
<input type="checkbox"/> Antique Restoration If antique, is it equipped with original or equivalent parts as required by law when first manufactured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Salvage Rebuilt/Repaired	

Repairer acknowledgment: By signing below, I certify that the vehicle specified below has been rebuilt, ensuring that the frame and wheel alignment conform to standards set forth in NDCC 37-12-05. A business qualified to perform inspections may require additional certification when they determine the salvage vehicle may have suffered damage to frame, chassis, or wheel alignment because of an accident.

Repairs Completed By (Print or Type)	Signature	Date	
Year of Manufacture	Make	Model	Body Style
VIN	VIN Location		

### Check One Vehicle Type in the Section Below:

<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> 4-WHEELED UNCONVENTIONAL	<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> 3-WHEELED UNCONVENTIONAL		
<input type="checkbox"/> MOPED	<input type="checkbox"/> SCOOTER				
Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? (NDCC 39-21 and NDAC 37-12)		Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? (NDCC 39-27)			
<b>PASS</b>	<b>FAIL</b>	<b>NA (explain in comments)</b>	<b>PASS</b>	<b>FAIL</b>	<b>NA (explain in comments)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Headlights (39-21-02, 39-21-03, 39-21-20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frame and Chassis (39-27-03)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Taillights (39-21-04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brakes (39-27-04) (39-27-04.1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> License Plate Light (39-21-04) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tires, Wheels, and Rims (39-27-05)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clearance Lights and Reflectors (39-21-05, 39-21-07 through 39-21-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering and Suspension (39-27-06)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stoplights (39-21-06) (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fuel System (39-27-07)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Turn Signals (39-21-06(2), 39-21-19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Muffler (39-27-08)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brakes (39-21-32, 39-21-33) (37-12-02-03(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mirror (39-27-09)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Horn (39-21-36) (37-12-02-04)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fenders (39-27-10)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exhaust System (39-21-37) (37-12-02-03(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seat (39-27-11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mirrors (39-21-38) (37-12-02-02(5))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chain Guard (39-27-12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Windshield - Tinted Windows (39-21-39 (1) (4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vehicle Stand (39-27-13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Windshield Wipers (39-21-39 (2) (3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glazing (39-27-14)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bumper Height (39-21-45.1) (37-12-02-03(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Horn (39-27-15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Door Latches (37-12-02-02(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Speedometer and Odometer (39-27-16)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Floor Pan (37-12-02-02(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lighting Equipment (39-27-17) (39-27-17.1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hood Latches (37-12-02-02(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Passenger Seat (39-27-18)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering Wheel (37-12-02-02(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Footrest (39-27-20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fenders (37-12-02-03(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Highway Bars (39-27-21)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fuel System (37-12-02-03(5))	Comments		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering and Suspension (37-12-02-03(6))			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tires (37-12-02-03(7))			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seat Belts (39-21-41.1)			

Name of Qualified Business Performing Inspection	Date of Inspection
--	--------------------

Address	City	State	Zip Code	Phone Number
---------	------	-------	----------	--------------

By my Signature below, I certify all the following to be true and correct:

- 1) The vehicle was physically in my presence at the time I performed the inspection.
- 2) The business completing the inspection is not the same business that reconstructed or repaired the vehicle.
- 3) The business I represent is registered with the ND Secretary of State, is in good standing, and offers vehicle repair to the public. (Proof Required)
- 4) The inspection verifies the above-mentioned vehicle meets the minimum equipment standards as required by law.

Name and Title of Inspector	Signature	Date
-----------------------------	-----------	------

PENALTY: Any person making a false statement on this certificate of which another penalty is not specifically provided is guilty of a class B misdemeanor.