

CHECKLIST FOR VEHICLE TURN-IN

North Dakota Department of Transportation, State Fleet Services
SFN 50652 (11-2018)

***IF NO TURN-IN SHEET, FOLLOW UP WITH AGENCY OR STATE FLEET TO GET COMPLETED FORM.**

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

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

At Time of Turn-in

<input type="checkbox"/> Keys/Fobs (minimum 2)
<input type="checkbox"/> Registration Card-in glove box
<input type="checkbox"/> Credit Card
<input type="checkbox"/> Owner's Manual in Glove Box
<input type="checkbox"/> 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

To Be Completed by DOT (shop rep.)

<input type="checkbox"/> Test Drive Completed	# Miles Driven _____
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Verify the Following

<input type="checkbox"/> Remove All Agency / Personal Equipment
<input type="checkbox"/> Spare Tire, Jack, etc.
<input type="checkbox"/> Tailgate on Vehicle
<input type="checkbox"/> Owner's Manual
<input type="checkbox"/> Keys/Fobs (minimum 2)
<input type="checkbox"/> Credit Card
<input type="checkbox"/> Registration Card

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"/> Manual
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<input type="checkbox"/> Check all Fluid Levels	<input type="checkbox"/> Check all Lights
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Tire Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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Depth Measurement _____

Additional Equipment

<input type="checkbox"/> Topper	<input type="checkbox"/> Tonneau Cover	<input type="checkbox"/> Tool Box	<input type="checkbox"/> Lift
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List Mechanical Items That Need Attention

<input type="checkbox"/> Completed	<input type="checkbox"/> No Fix Required
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List any Interior/Exterior Damage

<input type="checkbox"/> Completed	<input type="checkbox"/> No Fix Required	
Name of Person Receiving Vehicle		
Miles	Hours (9000 units)	Date