

CHECKLIST FOR VEHICLE TURN-IN

North Dakota Department of Transportation, State Fleet Services
SFN 50652 (11-2019)

***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 |
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At Time of Turn-in

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| <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) |
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Accessories

| | |
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| <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Power Mirror <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Seats <input type="checkbox"/> Horn <input type="checkbox"/> Cruise Control <input type="checkbox"/> Radio <input type="checkbox"/> Wipers <input type="checkbox"/> Seatbelts | Do All Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|------------------------------------------|--|
| List 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 _____ |
|-----------------------------------------------|----------------------|

Verify the Following

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| <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 |
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|-----------------------------------|---------------------------------|--|
| 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 |
|-------------------|--------------------------------------------------------------------|

| | |
|-------------------------------------------------|-------------------------------------------|
| <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 |
|----------------|-------------------------------------------------------------------------------------------|

| | |
|-------------------|-------|
| Depth Measurement | _____ |
|-------------------|-------|

| | | | |
|---------------------------------|----------------------------------------|-----------------------------------|-------------------------------|
| Additional Equipment | | | |
| <input type="checkbox"/> Topper | <input type="checkbox"/> Tonneau Cover | <input type="checkbox"/> Tool Box | <input type="checkbox"/> Lift |

| | |
|-------------------------------------------|------------------------------------------|
| List Mechanical Items That Need Attention | |
| | |
| <input type="checkbox"/> Completed | <input type="checkbox"/> No Fix Required |

| | |
|------------------------------------|------------------------------------------|
| 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 |