

CERTIFICATE OF LOW-SPEED, OFF-HIGHWAY VEHICLE, AND TRAILER INSPECTION

North Dakota Department of Transportation, Motor Vehicle
SFN 58953 (4-2025)

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

This form must be completed by an agent of the qualified business conducting the inspection, as required by NDCC 39-05-20.2 All fields must be filled out completely. Incomplete or illegible forms will not be accepted. Note: A Vehicle Identification Number (VIN) inspection requires SFN 61999 to be completed.

Vehicle Owner Name(s)				Phone Number																																																																																											
Reason for Vehicle Inspection (Select one): <input type="checkbox"/> Untitled Vehicle <input type="checkbox"/> Homemade Trailer <input type="checkbox"/> Modified Motor Vehicle - Please Explain (Proof Required)																																																																																															
Year of Manufacture		Make		Model																																																																																											
				Body Style																																																																																											
VIN				VIN Location																																																																																											
<input type="checkbox"/> LOW SPEED <input type="checkbox"/> MODIFIED GOLF CART Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? (See NDCC 39-29.1-01 & 39-29.1-08) <table><thead><tr><th>PASS</th><th>FAIL</th><th>N/A (explain in comments)</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Headlamps (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Front & Rear Turn Signals (39-21-06, 39-21-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Tail Lamps (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Stop Lamps (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Red Reflex Reflector each side (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> One Rear Red Reflector (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Brakes (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Parking Brake (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Windshield (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Safety Belts each seating position (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Exterior Mirror operator side (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Exterior Mirror passenger side OR Interior Rear-view Mirror (39-29.1-08)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Does not exceed 3000 pounds gross weight (39-29.1-01)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/> Attain speed of 20 mph but not more than 25 mph (39-29.1-01)</td></tr></tbody></table>		PASS	FAIL	N/A (explain in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Headlamps (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Front & Rear Turn Signals (39-21-06, 39-21-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tail Lamps (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stop Lamps (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Red Reflex Reflector each side (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Rear Red Reflector (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brakes (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Parking Brake (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Windshield (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Safety Belts each seating position (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exterior Mirror operator side (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exterior Mirror passenger side OR Interior Rear-view Mirror (39-29.1-08)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Does not exceed 3000 pounds gross weight (39-29.1-01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Attain speed of 20 mph but not more than 25 mph (39-29.1-01)	<input type="checkbox"/> OFF-HIGHWAY Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? 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Address		City		State	ZIP Code																																																																																										
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By my Signature below, I certify all the following to be true & 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.