



EDMONTON ANTIQUE CAR CLUB

Antique Vehicle Inspection Report
 Box 102
 Edmonton, AB T5S 2G9

Website: <https://www.eacc.ca>

OWNER: _____ DATE _____
 ADDRESS _____ TOWN/CITY _____ PROV _____ POSTAL CODE _____
 MAKE _____ MODEL _____ YEAR _____
 SERIAL NUMBER _____ BODY STYLE _____
 INSURANCE CO. _____ POLICY NO. _____ EXP DATE _____
 LICENCE PLATE NO _____ CLUB AFFILIATION _____

	Exc.	Good	Fair	Poor		Exc.	Good	Fair	Poor
Brake Flex Hoses and Lines					Heater & Defroster				
Mechanical Brake Linkage					Electrical Wiring				
E-Brake					Body, Sheet Metal				
Power Brake (if equipped)					Wheels				
Steering Lash					Tires - R.F.				
Wheel Bearing					L.F.				
King Pins/Ball Joints					R.R.				
Steering Linkage					L.R.				
Alignment (Visual)					Exhaust System				
Springs and Shackles					Fuel System				
Shock Absorbers					Fan Belt				
W/S Wipers & Washers					Headlights - Low/High				
Safety Glass					Signal Lights				
Rear View Mirrors					Tail Lights				
Horn					Stop Lights				
Fire Extinguisher (A,B,C)					Parking Lights				

After inspecting the above vehicle, the following alterations, repairs, adjustments or improvements are required:

Repairs Completion Date: _____

Safety Inspection Passed: _____ Date: _____

NOTE: THIS INSPECTION IS A VISUAL INSPECTION ONLY.

I certify that I have inspected the described vehicle and that the information contained in this report is accurate to the best of my knowledge.

Inspection completed by _____ Automotive Shop _____

Mechanic license No. _____ AMVIC License No. _____

Signature _____