



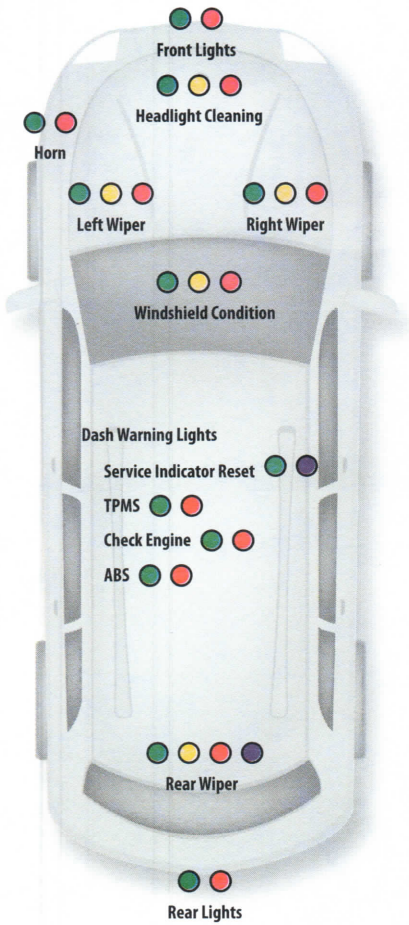
Battery CCA _____

Brake Fluid Results

Requested Services
<input type="checkbox"/> Signature Service Oil Change: Oil Type
<input type="checkbox"/> Tire Rotation

LICENSE _____
STATE _____
MILEAGE _____
CUSTOMER REQUESTS _____

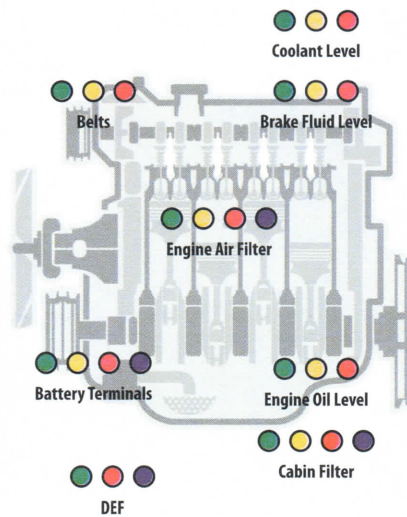
1 - Safety (Exterior)



- | | |
|----------------------|-------------------|
| ___ Headlight | ___ Hood Light |
| ___ Turn Signal | ___ Tail Light |
| ___ Side Turn Signal | ___ Back up Light |
| ___ Marker Light | ___ Brake Light |
| ___ Fog Light | ___ License Plate |
| ___ Daytime | ___ High Mount |

Legend:
D for Driver **P** for Passenger **B** for Both

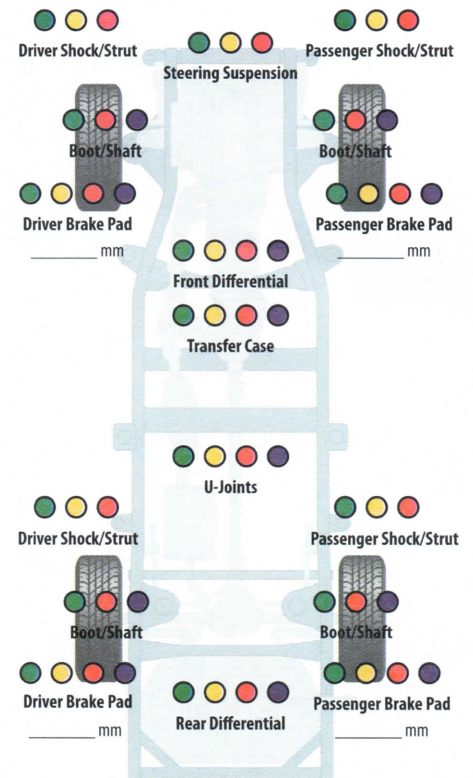
2 - Under the Hood



- Checked and its OK
- Will Need Future Attention
- Requires Immediate Attention
- N/A or Cannot Check

Other Services

3 - Under the Vehicle



Other Services
