



# VEHICLE SAFETY CHECK

Division 1 Trail Ambassador Program

Date of Check: ____ / ____ / 20____
Decal Awarded: Yes <input type="checkbox"/> No <input type="checkbox"/>

## EXAM INFORMATION

Location of Exam: \_\_\_\_\_

Trail Ambassador(s) Name & ID: \_\_\_\_\_

## OWNER INFORMATION

Owner / Operator Name: \_\_\_\_\_

Owner / Operator has completed an ATV Safety Institute (ASI), state or \_\_\_\_\_ safety class? Yes  No

Member of a club? Yes  No  \_\_\_\_\_

Receive information on joining a club? Yes  No

Owner Contact Information (optional): \_\_\_\_\_

## VEHICLE INFORMATION

Vehicle License Plate	Vehicle Make / Model
Year:	Color:

## VEHICLE SAFETY CHECK

Item	Yes	No	N/A
1. Proper Registration Displayed			
2. Tires / Wheels			
3. Controls / Cables			
4. Lights / Electrical			
5. Oil / Fuel			
6. Chain and Driveshaft / Chassis			
7. Toolkit			

## SAFETY GEAR CHECK

Item	Yes	No	N/A
1. Head Protection			
2. Eye Protection			
3. Gloves			
4. Boots			
5. Clothing			
6. Navigation			
7. Communication			

## CONCLUSION

I certify that I have personally examined this vehicle and find it meets the local / state / federal requirements to operate on this public or private trail system. I am a qualified vehicle examiner of the NOHVIS Group Inc. Trail Ambassador program.

Printed Name of Examiner: \_\_\_\_\_ Signature: \_\_\_\_\_

**Additional Information: This is not an official vehicle check for law enforcement purposes. It is recommended that you correct any deficiencies noted during the exam. This checklist is furnished for your information. There is no assumption of liability of any kind for advice given or opinions expressed in connection to this examination. By accepting the Vehicle Safety Check decal you are pledging to maintain your ATV / UTV and equipment to the standard of safety exhibited during this exam. Please remove the Vehicle Safety Check decal if the ATV / UTV is sold or no longer meets these requirements.**

I am consenting to this Vehicle Safety Check of my ATV / UTV with full knowledge that it is provided to me as a public service on a volunteer basis without cost, and I understand and agree that my receipt of a Vehicle Safety Check shall not constitute or be construed as a warranty or guarantee as to either the qualification, knowledge, or skills of the operator.

Owner / Operator Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

\* This examination is supported by this club: Wisconsin ATV / UTV Association Inc. [www.watva.org](http://www.watva.org)