



PA STATE INSPECTION & ROUTINE MAINTENANCE QUESTIONNAIRE

Please take a few minutes to complete this form to the best of your ability so we may serve you better. Bring it with you to your scheduled appointment or place it in the drop box envelope with your keys for a night drop off. Thank you.

Customer Name: _____ Radio code: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Call Text Phone No: _____ Call Text

Vehicle Year, Make & Model: _____ Mileage(optional): _____

Does your vehicle have wheel locks? Yes No If so, Key location: _____

***Please check all applicable boxes and fully describe the condition that applies to your vehicle.*

Service requested (please check all that apply):

- PA State Inspection Emission Inspection (Must include vehicle registration and proof of insurance)
- Current vehicle registration In glove box On front seat Other _____
- Current proof of insurance In glove box On front seat Other _____
- Factory scheduled service at _____ miles per owner's manual
- Oil change and filter, with Synthetic blend oil Full synthetic oil
- Brakes, Front Rear
- New tire(s): Driver side front Drivers side rear Passenger side front Passenger side rear
- Balance tire(s): Driver side front Drivers side rear Passenger side front Passenger side rear
- Repair tire(s): Driver side front Drivers side rear Passenger side front Passenger side rear
- Tire rotation Wheel alignment Shocks Struts
- BG Brake system flush BG Cooling system flush BG Power steering flush
- BG Transmission flush Differential/Transfer case service BG Fuel induction service
- Air filter Cabin filter
- Replace Battery Recharge Battery
- Tune up / spark plugs Timing belt
- Belts & hoses Wiper blades
- Other (please describe) _____

Additional Comments: _____

Signature Date