

Fee submitted \$_____ Processed by ___

City of Kansas City, Mo.
Neighborhood and Community Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106
(816) 784-9000

Vehicle inspection request form

Please print or type the following information								
			Please check	c all that a	apply			
☐ New vehicle	inspection \Box	Replacement i	nspection \square Al	ready pe	rmitted vehicle	inspection Met	er seal only	
☐ Taxicab vehicle ☐ Pedicab vehicle				☐ Livery vehicle		☐ Sightseeing vehicle		
scheduled. Afte	er the complete	ed inspection for		fee and	all other requir	submitted before ar red documents have		
Please fill out a	ll that apply. D	o not leave any	blank spaces. W	/rite " N /A	" in any space	that is not applicable	e	
Company name						Date		
Applicant's name					Phone			
	Fleet	Permit	Last six VIN digits or			Vehicle type (i.e., van, car,	License plate	
	number	number	serial number	Year	Make	carriage)	number	
Original vehicle								
Replacement vehicle								
Taximeter make Taximeter serial number								
[] \$22 vehicle [] Legible co [] Certificate [] Legible co [] Waiver ve [] Replacements, subm	e inspection fee py of state vehi of insurance w py of most rece chicles only – S	icle registration rith a list of all i ent Regulated In state vehicle ins s only – Vehicle	form nsured vehicles ndustries Divisio pection form (co	on inspect	ion report within the past	on will be made six months) it a police report, or	if permit(s) are	
	No vehi	cle will be ins	pected withou	t compl	ete paperwor	k and paid fees		
Office use only – Do not write in space below								
Date items submitted Date of scheduled inspection								
Date items subi	eu	L	Jate of schedule	u mspect	1011			