

Vehicle Final Acceptance Form

	NMEDA QAP Label #:						
			Work Order/Job #:				
	Date:						
Custon	ner Contact Informatio		Vehicle Information:				
Name:			Make/Model:				
Other Contact:							
	(Reference QA	ACCEPTANCE ITE P Rules section V, an	MS CHECKLIST				
The following items have been completed and are part of the customer/vehicle file as necessary:						Check One OK N/A*	
Customer's conta	act information is provi	ded			J OIL	14/71	
A work order has been completed that includes the technician names responsible for the work							
Final vehicle and adaptive equipment Inspection has been completed with no open action items							
Final client fitting was completed (if applicable)							
Vehicle test drive was completed (if applicable)							
	her users (as applicable ructions on all equipme	•	struction, in-se	rvice training, and			
A Make Inoperative form was completed and signed (if applicable)							
A driver rehabilitation specialists (DRS) assessment report, driver's license, or letter of customers experience operating the equipment (whichever are applicable) for the equipment installed is on file							
The vehicles GVWR and GAWR (front and rear) have not been exceeded							
The remaining Load Carrying Capacity of the modified vehicle is adequate for intended use							
Equipment owner's manuals, warranties (OEM and dealer), preventive maintenance schedule, and operating instructions have been provided							
The customer has been provided conditions of vehicle release							
Dealer Appr	oval:			*	N/A = Not	Applicable	
	(dealer sign)	Date					
Customer A	pproval:		DRS or Third	-Party Payer (if applicable):			
	(customer sign)	Date	(DRS	S or 3 rd party sign)	Da	ite	