

Republic of the Philippines  
Province of Ilocos Norte  
Municipality of Dingras

## OFFICE OF THE SANGGUNIANG BAYAN

MOTOR VEHICLE INSPECTION REPORT  
OWNERSHIP AND DOCUMENTATION

MVIR NO.

OWNER'S COMPLETE NAME		AGENCY		DATE	
ADDRESS		AUTHORIZED AGENCY		FILE NUMBER	
ACQUIRED FROM (COMPLETE NAME & ADDRESS)		TYPE OF REGISTRATION NEW _____ RENEWAL _____ OTHERS SPECIFY _____			
		MVRR NO.		CHPG CONTROL NO.	
ENCUMBRANCE (COMPANY NAME & ADDRESS)		CERT. OF PAYMENT NO. (C.P.)			
		INFORMATION ENTRY NO. (I.P.)			
		INSURER		POLICY NO.	
KIND OF VEHICLE NEW _____ REBUILT _____ ETC.		EXPIRY DATE		CERT. OF COVER NO.	
		DATE OF ENDORSEMENT		AMT. OF PL TPL COVERAGE	
REMARKS					
IDENTIFICATION AND INSPECTION					
CLASSIFICATION		MAKE	PLATE NO.	DENOMINATION STICKER NO.	VALIDATION NO.
MOTOR NUMBER			SERIAL/CHASSIS NUMBER		BODY NUMBER
SERIES	TYPE OF BODY	COLOR	NO. OF DOOR	YR. COVER	TOTAL PISTON
					NO. OF CYL. FUEL USED
BODY: SAFE _____ UNSAFE _____ DELAPIDATE _____			ACCESSORIES: RADIO _____ SPARE TIRE _____ YELPER _____ CB _____ AIRCON _____ TOOLS _____ EWD _____ BATTERY _____		
DOOR/WINDOW: GOOD _____ LOOSE _____ UNSAFE _____			DRIVE: AUTOMATIC _____ POWER CONVENTIONAL _____		
WINSHIELD: GOOD _____ DEFECTIVE _____ NONE _____					
CAPACITY MAKING: COMPLETE _____ INCOMPLETE _____ INACCURATE _____ NONE _____		MAX. HEIGHT		MAX. LENGTH	MAX. WIDTH
APPEARANCE: NEAT _____ FAIR _____ UNSIGHTLY _____		OVERHANG		EXCESS OVERHANG	WHEEL BASE
CHASSIS: GOOD _____ UNSAFE _____		FRON SEAT		NO. OF AXLE	SIZE OF THE WHEEL FRONT _____ REAR _____
SPRING: GOOD _____ UNSAFE _____ WEAK _____ LOOSE _____		T R U C K		GROSS WEIGHT	WEIGHT EMPTY
SEAT: NEAT _____ MFAIR _____ WEAK CUT _____				NET WT. PASS	CAPACITY
BATTERY: GOOD _____ DEFECTIVE _____ LEAKING _____		C A R		SHIPPING	PASS. CAPACITY
FUEL TANK: GOOD _____ LEAKING _____ UNSAFE _____					

IGNITION SYSTEM: ___ GOOD ___ DEFECTIVE	TRANSFER LEVER: ___ GOOD ___ DEFECTIVE ___ LOOSE
ENGINE: ___ NEAT ___ FAIR	CLUTCH SYSTEM: ___ GOOD ___ DEFECTIVE ___ LOOSE
LEAD LIGHTS: ___ COMPLETE ___ NONE GLARING       DIMMER	HORN: ___ STANDARD ___ DEFECTIVE ___ ILLEGAL
STOP LIGHTS: ___ GOOD ___ DEFECTIVE ___ NONE	FOOT BREAK: ___ GOOD ___ DEFECTIVE ___ LOOSE
DARK LIGHTS: ___ GOOD ___ DEFECTIVE ___ NONE	HAND BREAK: ___ GOOD ___ DEFECTIVE ___ LOOSE
SIGNAL LIGHTS: ___ GOOD ___ DEFECTIVE ___ NONE	PANEL GADGES: ___ GOOD ___ DEFECTIVE ___ LOOSE ___ INCOMPLETE
INTERIOR: ___ GOOD ___ DEFECTIVE ___ INCOMPLETE	SMOKE EMISSION: ___ GOOD ___ SMOKE BELCHER
SIMMER SWITCH: ___ GOOD ___ DEFECTIVE ___ INCOMPLETE	I HEREBY CERTIFY THAT ALL ENTRIES/ INFORMATION AND STENCIL ARE TRUE AND CORRECT AND THAT AN ACTUAL INSPECTION WAS CONDUCTED BY ME.  NOTED BY:  _____
TIRES: ___ GOOD ___ DEFECTIVE ___ NONE	
WHEELS: ___ NORMAL ___ UNSAFE ___ SPARE	
STEERING: ___ GOOD ___ DEFECTIVE ___ NONE	

MOTOR NUMBER STENCIL HERE	CHASSIS NUMBER STENCIL HERE