



**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

☐ 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

☐ Brake system flush ☐ Cooling system flush ☐ Power steering flush

☐ Transmission flush ☐ Differential/Transfer case service ☐ Fuel induction service

☐ Air filter ☐ Cabin filter ☐ Spark Plugs

☐ Replace Battery ☐ Recharge Battery

☐ A/C Service

☐ Timing belt

☐ Belts & hoses ☐ Wiper blades

☐ Other (please describe) _____

Additional comments (use reverse side if necessary):

Signature

Date