



TOWN OF EMERALD ISLE
GOLF CART SAFETY INSPECTION FORM

Owner Name: _____ Owner Phone #: _____

Owner Address: _____

Golf Cart Make: _____ Golf Cart Serial #: _____

(Check One)

Inspection Item	Pass	Fail	Comments <small>(All marks of "fail" should be explained in detail in the areas below):</small>
Two operating front headlights visible from a distance of at least 250 ft.			
Two operating tail lights visible from a distance of at least 250 ft.			
Two operating brake lights visible from a distance of at least 250 ft.			
Two operating turn signals visible from a distance of at least 250 ft.			
Rear Vision Mirror			
Reflectors (at least one per side)			
Parking brake.			
Seat belts for all seat positions. # of Seats: _____ # of Seat Belts: _____			
Windshield.			
Does not exceed three rows of seats:			

I certify that I have conducted an inspection of the above referenced vehicle and that the conditions of the Inspection Items are accurately reported.

Inspector's Printed Name

Inspection Date

Inspector's Signature

Golf carts shall not be licensed or operated if any inspection item fails, until such time as the inspection item has been repaired by a qualified technician. A copy of the repair bill must be attached to this inspection form as proof of correction.