

CERTIFICATION OF AUTO MECHANIC

Must be completed by an ASE Certified Auto Mechanic

Name of Taxi Business inspection was completed for: _____

Vehicle Information:

Year _____ Make _____ Model _____

VIN# _____

License Plate # _____

I, _____, _____
Print Name Print Business Name and Address

certify that I am Automotive Service Excellence (ASE) certified automobile mechanic, and that I have inspected the above vehicle to be used as a taxi in the City of Platteville on this _____ day of _____, 20 __, and this vehicle complies with all applicable requirements of WI Statutes Chapter 347 and Chapter MVD, Wisconsin Administrative Code.

Signature of Auto Mechanic

Telephone Contact Number