

**Type II - Roving Vendor  
License Application**

**ICE CREAM TRUCK INSPECTION CHECKLIST**

Name of vehicle owner: \_\_\_\_\_

Name of business vehicle will be used by: \_\_\_\_\_

This ice cream truck inspection checklist is to be completed by a Certified ASE Technician.

VEHICLE LICENSE PLATE# \_\_\_\_\_

**MARKINGS:**

- Pass     Fail    1. Reflective signs, decals, or lettering on the front and rear of the truck identifying the vehicle as an ice cream truck and providing a warning such as **“SLOW – CHILDREN CROSSING,” “CAUTION CHILDREN,”** OR **“WATCH FOR CHILDREN”** in five (5) inch lettering and in contrasting colors, which are visible from no less than 300 feet.
- Pass     Fail    2. The name and telephone number of vendor on both sides of the truck in two (2) inch letters of contrasting color.
- Pass     Fail    3. All product decals must indicate vending takes place on the passenger side of the vehicle.

**EQUIPMENT:**

- Pass     Fail    1. Working order of amber warning beacon light (atop truck) 6 ” diameter & 6” height.
- Pass     Fail    2. Attached securely left and right outside rear view mirrors.
- Pass     Fail    3. Outside wide angle mirrors on front and back of truck.
- Pass     Fail    4. Securely enclosed refrigeration/generation equipment (if on outside).
- Pass     Fail    5. Brakes
- Pass     Fail    6. Brake Lights
- Pass     Fail    7. Steering Assembly
- Pass     Fail    8. Headlights
- Pass     Fail    9. Turn Signals
- Pass     Fail    10. Parking Lights
- Pass     Fail    11. Horn
- Pass     Fail    12. Windshield Wipers
- Pass     Fail    13. Tires (tread depth)
- Pass     Fail    14. Hazard Warning Lights

**All markings and equipment must pass inspection. All failed items must be corrected and reinspected until complying with AMC 10.60.140.**

**The vendor has paid for the inspection, and by signing below I certify that this ice cream truck has passed all safety inspection items listed above.**

Inspected By:

ASE Technician:

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

<b>For Office Use Office Only</b>
Vehicle Decal Number(s):

\_\_\_\_\_  
Date