



City of Bradenton, Florida

City Council Agenda Memorandum

Agenda Item:	Vehicle for Hire Operator's Permit	Agenda Date:	December 14, 2016
Originated by:	William R. Ackles	Agenda Placement:	Consent Agenda
Authorized by:	Carl Callahan <i>[Signature]</i> 12/15/16		
Explanation	Application from Coastal Elite Transportation to operate a limousine service within the city limits.		
Financial Impact	None.		
Requested action to be taken by Council	Approval.		
Staff Recommendation	Approval.		
Attachments	Vehicle for Hire Permit Application Packet Rates Proof of Insurance Vehicle Inspection		



Application for Local Business Tax
 City Hall, 101 Old Main Street, Bradenton, FL 34205

Business Name: Coastal Elite Transportation
 DBA Name: Coastal Elite Limousine
 Business Address: 3612 Royal Palm Dr. 3612 Royal Palm Dr.
 City: Bradenton State: FL Zip: 34210
 Business Phone: (941) 348-4971 / (941) 960-8240 Fax: _____
 E-mail: mbherrera1@gmail.com Web Site: coastal.elitelimousine.com
 Mailing Address (if different from above): P.O. Box 252
 City: Anna Maria State: FL Zip: 34216
 FEIN: 81-3911588 or SSN: _____

Per Florida Statute 205.0535 (5), the Social Security Number (SSN) is required only if the Federal Employers Identification Number (FEIN) has not been provided on the application.

State Tax ID Number (if applicable): N/A
 Type of Business: Limousine
 Business Description: Transport people for hire.
 No.# of employees, machines, seats, rental units, work stations, etc. (as applicable): Owner Operator with 1 vehicle

Contact Person: Mark Berrade Title: Mr.
 Address: 3612 Royal Palm Dr.
 City: Bradenton State: FL Zip: 34210
 Phone: (941) 348-4971 Cell: (941) 348-4971

Property Owner (if different from above): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____

Applicant must provide two (2) forms of identification, one including a photograph for the individual listed as "Contact" as well as copies of any applicable licenses, certificates, registrations, business name registrations, etc. from the State of Florida. Businesses not registering a name with the State of Florida must provide a written statement that sets forth the reasons for exemption from compliance with the Fictitious Name Act. Nothing that conflicts with the City of Bradenton Ordinances or any other City of Bradenton Regulation shall be permitted.

I shall comply with the "Code of Ordinances of the City of Bradenton" and fully understand that the issuing of the Local Business Tax Receipt applied for is contingent upon my adhering strictly to the restrictions set forth therein.

Signature: M.A. Berrade Date: 11/17/2016

City of Bradenton use only

Business Acct #: _____ Bill #: _____ Receipt #: _____
 Business Tax Classification: TAXI / VEH 1 VEHICLE
 New: 1/2 Year: _____ Total Fees Due: \$ 50.00



BUSINESS NAME REGISTRATION NOTICE

Businesses operating under any name other than the person's legal name must register that business name with the Florida Department of State and provide proof of such registration prior to the issuance of a Local Business Tax Receipt.

Specific exemptions to this requirement do exist. Should your business qualify for an exemption, a letter outlining the reason for exemption must be submitted with the Application for the Local Business Tax.

For further information on business name registrations, forms and / or instructions please visit the Florida Department of State / Division of Corporations website at www.sunbiz.org or call (850) 245-6058.

By my signature below, I acknowledge that I am aware requirements regarding business name registration and have received contact information for the Florida Department of State / Division of Corporations.



Authorized Representative



Date

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000172685
FILED 8:00 AM
September 15, 2016
Sec. Of State
sgilbert

Article I

The name of the Limited Liability Company is:

COASTAL ELITE TRANSPORTATION LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3612 98TH STREET WEST
BRADENTON, FL. US 34210

The mailing address of the Limited Liability Company is:

3612 98TH STREET WEST
BRADENTON, FL. US 34210

Article III

The name and Florida street address of the registered agent is:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL. 33612

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
MARK BARREDA
3612 98TH STREET WEST
BRADENTON, FL. 34210 US

L16000172685
FILED 8:00 AM
September 15, 2016
Sec. Of State
sgilbert

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2016

COASTAL ELITE LIMOUSINE, LLC
3612 98TH STREET WEST
BRADENTON, FL 34210

Subject: **COASTAL ELITE LIMOUSINE, LLC**

REGISTRATION NUMBER: **G1600011929**

This will acknowledge the filing of the above fictitious name registration which was registered on October 14, 2016. This registration gives no rights to ownership of the name.

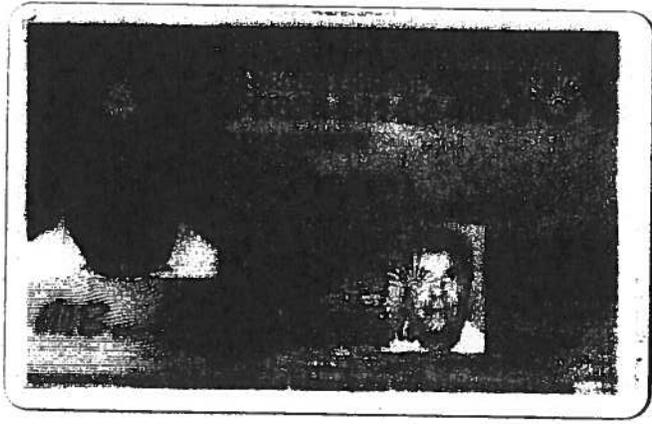
Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website www.sunbiz.org for Address & FEI/EIN Changes. Please reference the original registration number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Marquitta Williams
Reinstatement Section
Division of Corporations

Letter No. 016A00022259





City Of Bradenton
Taxi / Vehicle for Hire Business Operators Permit Application

Application for: Taxi _____ Vehicle for Hire X

Company Name: Coastal Elite Transportation
Owner: Mark Barreda
Address: 3612 Royal Palm Dr.; Bradenton, Fl. 34210
Telephone: (941) 349-4971 Fax: None

Owner of vehicle(s)
If the vehicle(s) are not owned by the applicant, please list the individual or company from whom the vehicle(s) are rented or leased.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

If the owner of the vehicle is a corporation, please list the names and addresses of the officers below.

Name	Address
<u>Mark Barreda</u>	<u>3612 Royal Palm Dr.; Bradenton 34210</u>
_____	_____
_____	_____
_____	_____

If the owner of the vehicle is a partnership, please list the names and addresses of each partner below.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Please provide the following information for each vehicle operated by the company.

Vehicle #1

Make Cadillac	Model DTS	
Year 2007	Seating Capacity 5	State Vehicle License Number HRE-L72

Vehicle #2

Make	Model	
Year	Seating Capacity	State Vehicle License Number

Vehicle #3

Make	Model	
Year	Seating Capacity	State Vehicle License Number

Vehicle #4

Make	Model	
Year	Seating Capacity	State Vehicle License Number

Vehicle #5

Make	Model	
Year	Seating Capacity	State Vehicle License Number

Vehicle #6

Make	Model	
Year	Seating Capacity	State Vehicle License Number

Please attach the following information.

✓*Detailed listing of charges for the vehicle(s).

✓*Proof of Insurance coverage on each vehicle.

Insurance coverage must be provided by a solvent company authorized to do business in the State of Florida and must meet the minimum coverage requirements set by the state.

✓*Letter stating the desire and intent of the company to operate within the City of Bradenton.



Signature of Authorized Representative

11-17-16
Date

Scheduled Vehicle inspection date: NOVEMBER 17, 2016

Date for hearing by City Council: DECEMBER 14TH, 2016 @ 8:30 AM

COASTAL ELITE LIMOUSINE

Type of Vehicle	# of Pass	From or To	To or From	Price for Great Service
SEDAN for up to 4 Passengers	Up to 4	Tampa Airport	City of Anna Maria	\$105.00 USD
Luxury Sedan	Up to 4	Tampa Airport	Holmes Beach	\$105.00 USD
	Up to 4	Tampa Airport	Bradenton Beach	\$105.00 USD
	Up to 4	Tampa Airport	Bradenton	\$100.00 USD
	Up to 4	Tampa Airport	Cortez	\$100.00 USD
	Up to 4	Tampa Airport	Sarasota	\$110.00 USD
	Up to 4	Tampa Airport	Longboat Key	\$105.00 USD
	Up to 4	Tampa Airport	Siesta Key	\$115.00 USD

NEW

RENEWAL NUMBER

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

The Declarations include a second part designated "Part 2".

CROSS REFERENCE NUMBER

STAMFORD, CONNECTICUT

73 APR 343536 - 01

BUSINESS AUTO COVERAGE DECLARATIONS

ITEM ONE NAMED INSURED & ADDRESS
COASTAL ELITE TRANSPORTATION LLC
3612 ROYAL PALM DR.
BRADENTON, FL 34210

Producer
Smith, Read, Osmond LLC
6400 Manatee Ave W.
Suite K
Bradenton, FL 34209
LLC

FORM OF NAMED INSURED'S BUSINESS: LIMO SERVICE
NAMED INSURED'S BUSINESS: LIMO SERVICE

POLICY PERIOD: Policy covers FROM 11/10/2016 4:50 PM TO 11/10/2017 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Table with 4 columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE (COMPREHENSIVE COVERAGE, SPECIFIED CAUSES OF LOSS, COLLISION COVERAGE, TOWING AND LABOR), FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION, and POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$0 IF CANCELLED BY THE INSURED.

Countersigned At Risk Placement Services, Inc. Ft. Lauderdale, FL By AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Handwritten signature of Secretary

Secretary

Handwritten signature of President

President

SCHEDULE OF COVERED AUTOS

M-4959a (03/2002)

POLICY NUMBER: 73 APR 343536 - 01

EFFECTIVE DATE: 11/10/2016 4:50 PM

NAMED INSURED : COASTAL ELITE TRANSPORTATION LLC

Veh #	Year	Use (C,S or R)	GVW or Seating Capacity	Premiums							Physical Damage			
	Make	Radius		Liab	UM/UIM	No-Fault	Med Pay	Add Insd	In-Tow	Other	Limit Stated Amount or ACV	S/C	Spec Causes Comprehensive	Collision
	Model	Garaging Territory											Premium	Premium
	VIN	Garaging City, State											Deduct	Deduct
1	2007 CADILLAC DTS 1G6KD57Y67U116203	Commercial 50 Miles Territory 143 BRADENTON, FL	5 Seats	3,856	289						8,200	C	Incl 1000 Ded	1,019 1000 Ded
Premium for Endorsements														

Coastal Elite Transportation, LLC (Coastal Elite Limousine, DBA)
3612 Royal Palm Drive, Bradenton, Fl. 34210
941.900.8240(office) / 941.348.4971(mobile)

Date: December 1, 2016

RE: Letter of Intent

To: The honorable City of Bradenton Mayor and Councilors

My intent is to operate a limousine business in the City of Bradenton. I will provide services to physician offices, dinners, the airport, or wherever my clientele need transportation to and from. I will pick up as well as drop off at private residences and businesses throughout the city limits.

Respectfully,

Mark A. Barreda
Owner/ Operator
941.900.8240(Office) / 941.348.4971(mobile)



City of Bradenton Tax / Vehicle for Hire Inspection Checklist

Date: 11.17.16 Company: CASUAL ELITE TRANSPORTATION
 Make: CADILLAC Model: DTS
 Year: 2007 State License Number: HRE L72
 VIN#: 1G6K0525672116303
 Overall condition: EXCELLENT Sticker #: _____

Vehicle for hire:

- Installed exterior side view mirrors on the left hand and right hand sides of the vehicles and an installed interior rearview mirror.
- Speedometer properly installed, in good working order and exposed to view.
- Interior clean, sanitary and free from torn upholstery or floor coverings and from damaged or broken seats.
- All door hinges and interior and exterior door latches in good mechanical working order and operating easily and closing securely.
- Vehicle structurally sound and operating with a minimum of noise and vibration.
- The body, fenders, doors, trim and grill reasonably free from cracks, breaks and dents that would impair the safety or appearance of the vehicle.
- Vision unobstructed on all four sides.
- Permits properly displayed. JUDICIAL APPLICATION, POLICE COUNCIL APPROVAL
- Comply at all times with the liability insurance requirements set forth in this article
- All public conveyances shall be mechanically sound, including, but not limited to, properly operating brakes, interior and exterior lights, horn, windshield wipers and exhaust systems.

Attach the following:

- Photograph of vehicle.

R. ACKLES
 Local Business Tax Clerk (printed)

[Signature]
 Signature



TECHNICIAN WORK FLOW SHEET

"The Positive Approach" ... To Total Vehicle Care



Preventive Maintenance Program



Customer Name: **BARREDA, MARK**

E-mail:

Phone: **941-348-4971**

Date: **11/15/2016 3:12:30 PM**

Advisor: **RS**

RO#: **6321**

General Information		Engine
Make: Cadillac	Model: DTS	Engine: 4.6 L 281 CID V8 DOHC 32 Valve Northstar
Year: 2007	Mileage: 82080	VIN: 1G6KD57Y67U116203
Mfg Date: 08/06	Fuel: <input type="radio"/> OE <input type="radio"/> 1/4 <input type="radio"/> 1/2 <input type="radio"/> 3/4 <input type="radio"/> F	Code: _____ Other: _____
License: HREL72	Current License Tag: <input checked="" type="radio"/> Yes <input type="radio"/> No	Drive Train
Security Code: _____	Wheel Lock Location: _____	<input type="radio"/> AWD <input type="radio"/> FWD <input type="radio"/> RWD <input type="radio"/> 4x4
Radio Code: _____	Other: _____	Transmission Type: <input checked="" type="radio"/> Automatic <input type="radio"/> Standard
Comments		ACCESSORIES
		<input type="checkbox"/> Trailer Hitch: <input type="checkbox"/> OE <input type="checkbox"/> Aftermarket
		<input type="checkbox"/> Block Heater <input type="checkbox"/> A/C <input type="checkbox"/> ABS

Step 1 Standard road-test, should include bumpy roads, acceleration and braking, full stop-to-stop steering, etc.

1 Road-test for operation	
<input checked="" type="checkbox"/>	Remote access (key fob) _____
<input checked="" type="checkbox"/>	Brakes _____
<input checked="" type="checkbox"/>	Automatic/Manual Transmission _____
<input checked="" type="checkbox"/>	Steering _____
<input checked="" type="checkbox"/>	Ride _____
<input checked="" type="checkbox"/>	Handling _____
<input checked="" type="checkbox"/>	Engine operation / noise _____
<input checked="" type="checkbox"/>	Vibration _____

2 Inspect inside of vehicle for grease and dirt residue	
<input checked="" type="checkbox"/> Carpets	<input checked="" type="checkbox"/> Seats
<input checked="" type="checkbox"/> Shift levers	<input checked="" type="checkbox"/> Hand brake handle
<input checked="" type="checkbox"/> Turn signal arms	<input checked="" type="checkbox"/> Steering wheel tilt lever

3 Inspect outside of vehicle for damage	
<input checked="" type="checkbox"/> Hood	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Trunk	<input checked="" type="checkbox"/> Fenders

Check appropriate box **NS**=Needs Serv

4 OK NS Heating and A/C		
<input checked="" type="radio"/>	<input type="radio"/>	Test Operating Temp-Heating and A/C
<input checked="" type="radio"/>	<input type="radio"/>	Blend Doors
<input checked="" type="radio"/>	<input type="radio"/>	Inspect heater - A/C controls

Step 2 On the floor

Check appropriate box **NS=Needs Service**

1	OK	NS	Instruments / other
	<input type="radio"/>	<input type="radio"/>	Voltmeter gauge / light
	<input type="radio"/>	<input type="radio"/>	Oil pressure gauge / light
	<input type="radio"/>	<input type="radio"/>	Speedometer
	<input type="radio"/>	<input type="radio"/>	Temperature gauge / light
	<input type="radio"/>	<input type="radio"/>	Tachometer
	<input type="radio"/>	<input type="radio"/>	Service engine light <input type="checkbox"/> Remains on
	<input type="radio"/>	<input type="radio"/>	Brake Warning light
	<input type="radio"/>	<input type="radio"/>	Airbag warning light - driver side
	<input type="radio"/>	<input type="radio"/>	Airbag warning light - passenger side
	<input type="radio"/>	<input type="radio"/>	ABS warning light
	<input type="radio"/>	<input type="radio"/>	Clutch pedal travel (if applicable)
	<input type="radio"/>	<input type="radio"/>	Brake pedal travel
	<input type="radio"/>	<input type="radio"/>	Emergency brake travel

Check appropriate box **NS=Needs Serv**

2	OK	NS	Wipers
	<input type="radio"/>	<input type="radio"/>	Arms and pivots
	<input type="radio"/>	<input type="radio"/>	Wiper blades - Front
	<input type="radio"/>	<input type="radio"/>	- Rear
	<input type="radio"/>	<input type="radio"/>	Wiper pattern - Front
	<input type="radio"/>	<input type="radio"/>	- Rear
	<input type="radio"/>	<input type="radio"/>	Windshield chips/ cracks

Check appropriate box **NS=Needs Serv**

3	OK	NS	Other
	<input type="radio"/>	<input type="radio"/>	Clock / radio
	<input type="radio"/>	<input type="radio"/>	Horn
	<input type="radio"/>	<input type="radio"/>	Sunroof
	<input type="radio"/>	<input type="radio"/>	Rear hatch / hood struts
	<input type="radio"/>	<input type="radio"/>	Sliding doors
	<input type="radio"/>	<input type="radio"/>	Vehicle seat anchors

Check appropriate box **NS=Needs Serv**

4	OK	NS	Lighting
	<input type="radio"/>	<input type="radio"/>	Interior lights
	<input type="radio"/>	<input type="radio"/>	High Beams
	<input type="radio"/>	<input type="radio"/>	Low Beams

Check appropriate box **NS=Needs Serv**

4	OK	NS	Lighting (continued)
	<input type="radio"/>	<input type="radio"/>	Marker lights
	<input type="radio"/>	<input type="radio"/>	Turn signals - Front (Left)
	<input type="radio"/>	<input type="radio"/>	- Front (Right)
	<input type="radio"/>	<input type="radio"/>	- Rear (Left)
	<input type="radio"/>	<input type="radio"/>	- Rear (Right)
	<input type="radio"/>	<input type="radio"/>	Emergency flashers
	<input type="radio"/>	<input type="radio"/>	Back-up lights
	<input type="radio"/>	<input type="radio"/>	License plate lights
	<input type="radio"/>	<input type="radio"/>	Brake lights
	<input type="radio"/>	<input type="radio"/>	Third brake light

Check box when operation is completed

5	Starting / Charging system	
<input checked="" type="checkbox"/>	Battery fluid levels	
<input checked="" type="checkbox"/>	Inspect battery cables, terminals & connections	
<input type="checkbox"/>	Battery - Load Test Guidelines: Starting Voltage at 12.6V or higher Load test at 1/2 of the CCA's for 15 seconds. Voltage should not drop below 10.5V	
<input type="checkbox"/>	Check one: <input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	
<input checked="" type="checkbox"/>	Starter - Max:	<input type="text" value="140"/>
	-Voltage:	<input type="text" value="11.5"/>
<input checked="" type="checkbox"/>	Alternator- Max:	<input type="text" value="13.8"/>
	-Voltage:	<input type="text" value="13.2"/>

Check box when operation is completed

6	Fluid inspect & Recommendation	
<input checked="" type="checkbox"/>	Fill washer fluid	
<input checked="" type="checkbox"/>	Brake fluid	
<input checked="" type="checkbox"/>	Power steering fluid	
<input checked="" type="checkbox"/>	Cooling system / pH density test	
<input type="checkbox"/>	Clutch Master Cylinder (if applicable)	
<input checked="" type="checkbox"/>	Transmission	
<input type="checkbox"/>	Transfer Case / differential (if applicable)	

Check appropriate box **NS=Needs Serv**

7	OK	NS	Drive Belts
	<input type="radio"/>	<input type="radio"/>	Drive belts (all)
	<input type="radio"/>	<input type="radio"/>	Tensioner(s)
	<input type="radio"/>	<input type="radio"/>	Hoses: <input type="checkbox"/> Radiator <input type="checkbox"/> Heater <input type="checkbox"/> Other

Step 3 On hoist, convenient height for wheel work

Check box when operation is completed

1		Tires	
Mfr./type	FEDERAL		
Size	235/55R17		
<input checked="" type="checkbox"/>	Front - Left:	8	/ 32
<input checked="" type="checkbox"/>	- Right:	8	/ 32
<input checked="" type="checkbox"/>	Rear - Left:	6	/ 32
<input type="checkbox"/>	- Right:	6	/ 32
<input checked="" type="checkbox"/>	Spare - Full size		
<input checked="" type="checkbox"/>	- Temporary		
<input type="checkbox"/>	- None - Run flat technology		
<input checked="" type="checkbox"/>	Adjust tire pressure		
<input checked="" type="checkbox"/>	Jack and lug tools		
<input checked="" type="checkbox"/>	Wheel Lock Tools(s)		

Check appropriate box NS=Needs Service

2		OK NS Front Suspension	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Springs - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lower control arm / bushing - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper control arm / bushing - Left (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper / Lower ball joints - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shocks / struts - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bearing Plates / mounts - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pitman arm (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stabilizer bar (if applicable)	

Check appropriate box NS=Needs Service

3		OK NS Rear Suspension	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Springs - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lower control arm / bushing - Left (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right (if applicable)	

Check appropriate box NS=Needs Service

3		OK NS Rear Suspension (continued)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper control arm / bushing - Left (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper / Lower ball joints - Left (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shocks / struts - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bearing plates / mounts - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	- Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stabilizer bar (if applicable) - Right	

Check appropriate box NS=Needs Service

4		OK NS Steering	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rack / boots	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering box	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Power steering hoses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Power steering pump	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering link	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Idler arm / steering damper (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Center link (if applicable)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adjusting sleeves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inside tie-rod ends - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inside tie-rod ends - Right	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outer tie-rod ends - Left	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outer tie-rod ends - Right	

Step 4 On hoist, full height

Check box when operation is completed

1		Oil change	
<input type="checkbox"/>	Replace oil Check One	<input type="checkbox"/> Regular	<input type="checkbox"/> Blended* <input type="checkbox"/> Synthetic*
<input type="checkbox"/>	Replace oil filter		
<input type="checkbox"/>	Lubricate chassis (where applicable)		
	* Additional charge applies		

Check box when operation is completed

2		Fluid leak detection	
<input type="checkbox"/>	Engine		
<input type="checkbox"/>	Brake wheel: cylinders and calipers		
<input type="checkbox"/>	Brake master cylinder		

Check box when operation is completed

2	Fluid Leak detection (continued)
<input type="checkbox"/>	Clutch master cylinder (if applicable)
<input type="checkbox"/>	Power Steering
<input type="checkbox"/>	Cooling System
<input type="checkbox"/>	Transmission
<input type="checkbox"/>	Transfer case (check fluid level-see Step 2, Item 6.. (if applicable)
<input type="checkbox"/>	Differential (s)/Transaxle (check fluid level-see Step 2, Item 6)

4 Road test vehicle-Technician comments:

Check appropriate box **NS**=Needs Serv

3	OK NS Drivetrain
<input type="radio"/> <input type="radio"/>	Front CV joints/boots - Left (if applicable)
<input type="radio"/> <input type="radio"/>	- Right
<input type="radio"/> <input type="radio"/>	Rear CV joints/boots - Left (if applicable)
<input type="radio"/> <input type="radio"/>	- Right
<input type="radio"/> <input type="radio"/>	U-joints - Front
<input type="radio"/> <input type="radio"/>	- Rear
<input type="radio"/> <input type="radio"/>	Drive shaft(s) / axle shaft(s)

5 Technician summary

Check appropriate box **NS**=Needs Serv

4	OK NS Exhaust system
<input type="radio"/> <input type="radio"/>	Manifolds
<input type="radio"/> <input type="radio"/>	Front pipe(s)
<input type="radio"/> <input type="radio"/>	Catalytic converter(s)
<input type="radio"/> <input type="radio"/>	Intermediate pipes
<input type="radio"/> <input type="radio"/>	Muffler(s)
<input type="radio"/> <input type="radio"/>	Resonator(s)
<input type="radio"/> <input type="radio"/>	Extension pipe(s)
<input type="radio"/> <input type="radio"/>	Brackets & Hangers

Step 5 Finishing touches / quality control

Check box when operation is completed

1	<input type="checkbox"/> Next service level reminder sticker
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Check box when operation is completed

2	<input type="checkbox"/> Leave CSI card (signed by technician)
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3	"LE" (if applicable)