



The Student Conservation Association
Vehicle Condition Report

SCA
 Attn: Debi Monroe
 689 River Road, PO Box 550
 Charlestown, NH 03603
 P: 603-504-3210
 F: 603.543.1755
 dmonroe@thesca.org

Truck

The vehicle condition report is an assessment of the condition of your vehicle. It is not an assessment of mechanical function.

VEHICLE INFORMATION

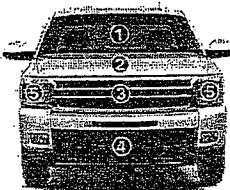
Vehicle Unit Number: _____
 Year: _____
 Make/ Model: _____
 VIN: _____
 Color: _____
 Mileage: _____

DRIVER INFORMATION

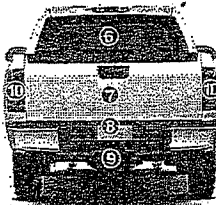
Driver Name: _____
 Driver Phone: _____
 Account Code: _____
 MDA Code: _____
 MAX ID: _____
 License Plate Number: _____

Indicate any damage to the vehicle in the space provided using your own words or the following legend:

H - Hairline Scratch	PT - Pitted	T - Torn	B - Bent	CG - Cracked Glass	M - Missing	D - Dented
SM - Smashed	R - Rusty	CR - Creased	S - Scratched	ST - Stained	BR - Broken	N - None

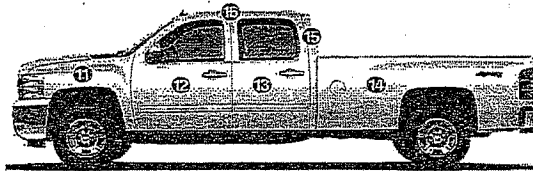


FRONT

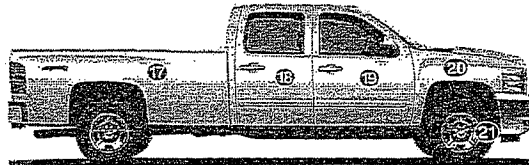


BACK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



DRIVER'S SIDE



PASSENGER'S SIDE

11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____

INTERIOR (circle one)	CLEAN				AVERAGE		DIRTY	
	GOOD	WORN	BURN	RIPS	STAIN			
Front Carpet								
Rear Carpet								
Front Seat								
Rear Seat								
Door Panels								
Dash								

FUEL
Please indicate the level of fuel in tank. If you are dropping off your vehicle your tank should be full for the next person.
<input type="checkbox"/> Full <input type="checkbox"/> 3/4 Tank <input type="checkbox"/> 1/2 Tank <input type="checkbox"/> 1/4 Tank <input type="checkbox"/> Empty

	TIRES			
	Left Front	Right Front	Left Rear	Right Rear
GOOD				
FAIR				
POOR				

The above vehicle has been delivered in the condition described.

Completed by _____

Date _____