



CITY OF GRAND RAPIDS
PEDICAB VEHICLE SAFETY CERTIFICATION

CAB # _____
DECAL # _____

Pedicab Company Name: _____ Telephone Number: _____

Pedicab Company Street Address: _____ City: _____ State: _____ ZIP: _____

Vehicle Specs: _____
Length Width Height Weight

I certify the information provided is true to the best of my knowledge.

Signature of Owner or Authorized Agent Date

SAFETY EQUIPMENT INSPECTION

LIGHTS

- Headlights
- Turn signals (front and rear)
- Tail lights
- Brake lights

BODY

- Suspension in good repair
- Brakes (adequate to stop and hold the vehicle)
- Tires free of damage or excessive wear

SAFETY

- Bell or Horn
- Safety belts
- Rearview mirror
- Reflectors on each wheel and each corner of the body

I hereby certify this vehicle has all the necessary on-road equipment as listed above and as required by the Michigan Vehicle Code and is in safe operating condition.

Signature of Bike Mechanic Date

Business Name Address Telephone Number