



VILLAGE OF OAK BROOK, ILLINOIS  
 Laura Millsaps, Secretary  
 1200 Oak Brook Road, Oak Brook, IL 60523-2255  
 (630) 368-8720 FAX (630) 368-8721  
 E mail address: lmillsaps@oak-brook.org

**TAXICAB REGISTRATION APPLICATION**

**FEE: \$25.00**

<b>FOR OFFICE USE ONLY</b> Date paid: _____ Fee _____ Rcpt # _____ Registration # _____
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Taxicab Company Name	
Taxicab #	
Date	

CAB COMPANY: \_\_\_\_\_ Cab #: \_\_\_\_\_

Make/Model: \_\_\_\_\_ VIN #: \_\_\_\_\_

Model Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Full Name of Owner: \_\_\_\_\_

Owner's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

"I hereby certify that this vehicle has passed a safety lane inspection by a Village of Oak Brook approved facility conducted on (said date being no more than 30 days prior to the date hereof). I further certify that the taximeter installed in this vehicle has been inspected by a Village of Oak Brook approved inspection facility, that a certificate of accuracy has been filed with the Village Clerk, and that said certificate is available for inspection by passengers upon request."

Signature of Owner \_\_\_\_\_

**FOR POLICE DEPARTMENT INSPECTION USE ONLY:**

Sec. 4-2-7 (A) 1: Must be displayed on main panel of front or rear doors:

- Cab Number       Company Name       Telephone Number

Sec. 4-2-7 (A) 2: Must be displayed on back of front seat:

- Copy of Taxi Driver's License       Company Phone Number       Rate Schedule

Sec. 4-2-7 (C) a.:

- paint, lettering and chrome in good condition and free from excessive rust       two doors each side  
 no interior barriers       interior clean       upholstery in good repair  
 Lighting System       verify meter serial number

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

- Approved       Rejected  
 Reinspected/Approved      Date \_\_\_\_\_



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**Your taxi must pass a safety inspection, before your taxicab may be registered by the Village of Oak Brook.** The two inspection sheets must be completed and your vehicle must pass ALL categories. This test is required by the Village of Oak Brook and not under the authority of the Illinois Department of Transportation.

**TAXICAB SAFETY INSPECTIONS ARE BEING PROCESSED AT:**

<b>Cars &amp; Trucks</b> 6 West Roosevelt Road Lombard, IL 60148 (630) 495-5277	<b>Arlington Automotive Service</b> 1001 S. Arlington Heights Road Arlington Heights, IL 60005 (847) 439-8696	<b>Complete Automotive</b> 621 N. Addison Road Addison, IL 60101 (630) 833-1010	<b>Lunt Auto Repair</b> 1017 Lunt Avenue Schaumburg, IL 60193 847-923-4915
<b>Suburban Tire Auto Care Centers</b> 755 North Avenue Glendale Heights, IL 60139 (630)790-1600			

**INSPECTION SHEET**

<b>Brakes:</b>	<b>PASS</b>	<b>FAIL</b>
Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>
Service Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Cylinders	<input type="checkbox"/>	<input type="checkbox"/>
Electric Warning	<input type="checkbox"/>	<input type="checkbox"/>
Hoses and Cables	<input type="checkbox"/>	<input type="checkbox"/>
Compressor	<input type="checkbox"/>	<input type="checkbox"/>
Reserve	<input type="checkbox"/>	<input type="checkbox"/>

<b>Heating/Cooling System:</b>	<b>PASS</b>	<b>FAIL</b>
Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Radiator	<input type="checkbox"/>	<input type="checkbox"/>
Coolant	<input type="checkbox"/>	<input type="checkbox"/>

<b>Steering:</b>	<b>PASS</b>	<b>FAIL</b>
Lash	<input type="checkbox"/>	<input type="checkbox"/>
Wheel	<input type="checkbox"/>	<input type="checkbox"/>
Binding/Jamming	<input type="checkbox"/>	<input type="checkbox"/>
Column Support	<input type="checkbox"/>	<input type="checkbox"/>
Shaft Movement	<input type="checkbox"/>	<input type="checkbox"/>
Belts/Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Idler Arm	<input type="checkbox"/>	<input type="checkbox"/>

<b>Exhaust &amp; Fuel:</b>	<b>PASS</b>	<b>FAIL</b>
Fuel Cap	<input type="checkbox"/>	<input type="checkbox"/>
Fuel System	<input type="checkbox"/>	<input type="checkbox"/>
Muffler	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust/Tail Pipe	<input type="checkbox"/>	<input type="checkbox"/>
Heat Shield	<input type="checkbox"/>	<input type="checkbox"/>

<b>Body:</b>	<b>PASS</b>	<b>FAIL</b>
Exterior Paint	<input type="checkbox"/>	<input type="checkbox"/>
Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
Body	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>
Hood Latch	<input type="checkbox"/>	<input type="checkbox"/>
Doors/Latches	<input type="checkbox"/>	<input type="checkbox"/>



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Suspension System:	PASS	FAIL
Wheel Alignment	<input type="checkbox"/>	<input type="checkbox"/>
Ball Joints	<input type="checkbox"/>	<input type="checkbox"/>
Tie Rod Ends	<input type="checkbox"/>	<input type="checkbox"/>
Pitman Arm	<input type="checkbox"/>	<input type="checkbox"/>
Torsion Bars	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Bearing	<input type="checkbox"/>	<input type="checkbox"/>
Shocks	<input type="checkbox"/>	<input type="checkbox"/>
Air Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Springs	<input type="checkbox"/>	<input type="checkbox"/>
Shackles	<input type="checkbox"/>	<input type="checkbox"/>
Frame & Axle	<input type="checkbox"/>	<input type="checkbox"/>

Tires:	PASS	FAIL
Tread Condition	<input type="checkbox"/>	<input type="checkbox"/>
Wheel or Rim	<input type="checkbox"/>	<input type="checkbox"/>
Mismatching	<input type="checkbox"/>	<input type="checkbox"/>
Lugs	<input type="checkbox"/>	<input type="checkbox"/>

Lighting:	PASS	FAIL
Park or Clear	<input type="checkbox"/>	<input type="checkbox"/>
Stop Light	<input type="checkbox"/>	<input type="checkbox"/>
Switch	<input type="checkbox"/>	<input type="checkbox"/>
Registration	<input type="checkbox"/>	<input type="checkbox"/>
Directional	<input type="checkbox"/>	<input type="checkbox"/>
Hazard/Warning	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>
Head Light Arm	<input type="checkbox"/>	<input type="checkbox"/>
Head Light Bulb	<input type="checkbox"/>	<input type="checkbox"/>
Indicator	<input type="checkbox"/>	<input type="checkbox"/>

Windshield Wipers:	PASS	FAIL
Condition	<input type="checkbox"/>	<input type="checkbox"/>
Operation	<input type="checkbox"/>	<input type="checkbox"/>
Washers	<input type="checkbox"/>	<input type="checkbox"/>
Switch	<input type="checkbox"/>	<input type="checkbox"/>

Horn:	PASS	FAIL
Button, Ring, Switch	<input type="checkbox"/>	<input type="checkbox"/>
Audible	<input type="checkbox"/>	<input type="checkbox"/>

Mirrors:	PASS	FAIL
Mounting	<input type="checkbox"/>	<input type="checkbox"/>
Condition	<input type="checkbox"/>	<input type="checkbox"/>

(Note any other mechanical defects) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Testing Facility Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Inspected by: \_\_\_\_\_ Test Fee: \$ \_\_\_\_\_



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 Paid by: \_\_\_\_\_

Date and Time: \_\_\_\_\_  
 CAB NUMBER \_\_\_\_\_

**Your taximeter must pass an inspection, before your taxicab may be registered by the Village of Oak Brook**

**TAXIMETER INSPECTIONS ARE BEING PROCESSED AT:**

<b>Cars &amp; Trucks</b> <b>6 West Roosevelt Road</b> <b>Lombard, IL 60148</b> <b>(630) 495-5277</b>	<b>T.M. West Inc.</b> <b>1119 Lunt Avenue</b> <b>Schaumburg, IL 61093</b> <b>847-923-4928</b>	<b>Ventronics</b> <b>370 Beinoris Drive</b> <b>Wood Dale, Illinois</b> <b>630-766-9800</b>
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CAB COMPANY: \_\_\_\_\_ Cab #: \_\_\_\_\_

**This meter has been checked and it's settings calibrated to the proper amounts, in compliance with the Village of Oak Brook.**

METER SERIAL NUMBER \_\_\_\_\_

Testing Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Inspected by: \_\_\_\_\_ Test Fee: \$

Date \_\_\_\_\_

Paid by: \_\_\_\_\_