

<b>USDA-MRP</b>	1. VEHICLE NO.	2. LICENSE NO.	3. SERIAL NO.	4. YEAR, MAKE, MODEL
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**VEHICLE CONDITION QUESTIONNAIRE**

INSTRUCTIONS: Vehicle Custodian complete Items 5 through 43 and submit two copies to the Property Team, Minneapolis, MN. Also attach a list of prospective bidders.

5. NAME AND ADDRESS OF PERSON TO CONTACT TO INSPECT VEHICLE *(Include Zip Code)*

TELEPHONE NO. *(Include Area Code)*

6. ACTUAL LOCATION OF VEHICLE

7. VEHICLE MAY BE INSPECTED BETWEEN A.M. P.M.	8. BY APPOINTMENT ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	9. IS VEHICLE IN PAID STORAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. ODOMETER READING	11. DATE OF READING
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**A. LAST ANNUAL OR 12,000 MILE CHECKUP**

12. DATE OF CHECKUP	13. MILEAGE	14. WAS MRP FORM 65 COMPLETED AND SENT TO MN? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. WERE NEEDED REPAIRS MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. COST OF REPAIRS
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VEHICLE PARTS A	RATING ( )				REPAIR ESTIMATE F	DESCRIPTION <i>(Explain needed repairs)</i> G
	Exc. B	Good C	Fair D	Poor E		
ENGINE 17. No cylinders <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 18. Performance of engine						
19. Gas Consumption						
20. Oil Consumption						
21. Steering <input type="checkbox"/> Standard <input type="checkbox"/> Power						
CHASSIS 22. Front End						
23. Transmission <input type="checkbox"/> 3 Speed <input type="checkbox"/> 4 Speed <input type="checkbox"/> Automatic <input type="checkbox"/> Standard						
24. Brakes <input type="checkbox"/> Power <input type="checkbox"/> Standard						
25. Differential						
26. Air-Conditioning <input type="checkbox"/> YES <input type="checkbox"/> NO						
BODY (General Condition including fenders, doors, etc.)						
27. Pickup Truck <input type="checkbox"/> Flush Sides <input type="checkbox"/> Flare Sides						
28. Paint						
29. Glass						
30. Pickup Truck <input type="checkbox"/> 6 ft. bed <input type="checkbox"/> 8 ft. bed <input type="checkbox"/> Other						
INTERIOR 31. Upholstery						
32. Seats						
33. Floor Mats						

34. IS VEHICLE IN OPERATING CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Explain)</i>	35. MISSING EQUIPMENT <input type="checkbox"/> YES <i>(Specify)</i> <input type="checkbox"/> NO	36. REPAIRS WILL PERMIT SAFE OPERATION FOR 1 YEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	37. LICENSE PLATE DESTROYED <input type="checkbox"/> YES <input type="checkbox"/> NO	38. CREDIT CARD ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	39. MRP FORM 64 ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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40. REMARKS

41. SIGNATURE

42. TITLE	43. DATE SIGNED
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