



Fire Marshals Association Of Colorado

<https://fmac-co.wildapricot.org/>
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Certificate of Inspection Mobile Food Vehicles

Date of Inspection: _____ **Expiration:** varies by fire jurisdiction

Business Name: _____

Business Address: _____

City, State Zip: _____

Phone: _____ Email: _____

Vehicle Owner: _____ Vehicle Owner Phone: _____

Owner Address: _____

City, State, Zip: _____

Mobile Vehicle Type: _____

VIN: _____ License Plate: _____

Type of Inspection (Renewal/New/Re-inspect): _____

Result (Pass/Fail): _____

Comments:

Owner/Operator Signature: _____ Date: _____

Inspector Signature: _____ Jurisdiction: _____

ICC Fire Inspector Certificate number: _____ Date: _____

Office Use Only Below Line



Files Uploaded

Payment Received