

ELIGIBILITY:

All CarBravo vehicles that are less than 10 model years old and with fewer than 100,000 miles at the time of sale are inspected and reconditioned to meet our exacting standards and pass our rigorous vehicle inspection process. See below for each of the 126 points of inspection. All CarBravo vehicles will come with a Vehicle History Report (no flood/salvage/frame damage) and no open recalls.

CHECKLIST

ENGINE	PASSED	FIXED OR REPLACED
1. Key Fob/Key/Remote Start	<input type="checkbox"/>	<input type="checkbox"/>
2. Start-Up/Idle Quality	<input type="checkbox"/>	<input type="checkbox"/>
3. Service/Warning Lights	<input type="checkbox"/>	<input type="checkbox"/>
4. Acceleration	<input type="checkbox"/>	<input type="checkbox"/>
TRANSMISSION	PASSED	FIXED OR REPLACED
5. Shift Interlock	<input type="checkbox"/>	<input type="checkbox"/>
6. Shift Quality	<input type="checkbox"/>	<input type="checkbox"/>
7. 2WD/4WD/AWD	<input type="checkbox"/>	<input type="checkbox"/>
STEERING	PASSED	FIXED OR REPLACED
8. Steering Wheel Centered/Aligned	<input type="checkbox"/>	<input type="checkbox"/>
9. Ease of Turning	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	PASSED	FIXED OR REPLACED
10. Climate Control – AC/Heat	<input type="checkbox"/>	<input type="checkbox"/>
11. Multi-Zone	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY SYSTEMS	PASSED	FIXED OR REPLACED
12. Safety Seat Systems (Safety Alert Seat, Rear Seat Reminder, Etc.)*	<input type="checkbox"/>	<input type="checkbox"/>
13. Camera Systems (Back Up, Rear View, Trailing, Etc.) *	<input type="checkbox"/>	<input type="checkbox"/>
14. OnStar® Button Push and Contact With Advisor, if equipped*	<input type="checkbox"/>	<input type="checkbox"/>

MAINTENANCE

THE FOLLOWING MAINTENANCE PROCEDURES HAVE BEEN COMPLETED:		
	PASSED	FIXED OR REPLACED
15. Engine Oil Changed and Filter Replaced (Reset Oil Life Monitor)*	<input type="checkbox"/>	<input type="checkbox"/>
16. Fill Diesel Exhaust Fluid*	<input type="checkbox"/>	<input type="checkbox"/>
17. Tire Rotation and Balance	<input type="checkbox"/>	<input type="checkbox"/>

* If equipped

MAINTENANCE

18. All Fluids Checked and Topped Off	<input type="checkbox"/>	<input type="checkbox"/>
THE FOLLOWING MAINTENANCE PROCEDURES HAVE BEEN INSPECTED AND CHECKED:		
	PASSED	FIXED OR REPLACED
19. Cabin Air Filter*	<input type="checkbox"/>	<input type="checkbox"/>
20. Engine Air Filter	<input type="checkbox"/>	<input type="checkbox"/>
21. Hoses/Clamps	<input type="checkbox"/>	<input type="checkbox"/>
22. Drive/Serpentine Belt*	<input type="checkbox"/>	<input type="checkbox"/>
23. Wiper Blades (Front/Back)	<input type="checkbox"/>	<input type="checkbox"/>
BATTERY	PASSED	FIXED OR REPLACED
24. Battery Load Test Rating _____ Volts	<input type="checkbox"/>	<input type="checkbox"/>
25. Clean & Secure Battery Tray, Retainer, Vent Tubes	<input type="checkbox"/>	<input type="checkbox"/>

TIRES & BRAKE PADS

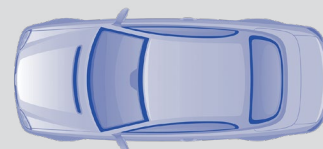
TIRES
<ul style="list-style-type: none"> MINIMUM TIRE TREAD DEPTH REQUIRED ON ALL TIRES IS 5/32" ACROSS THE TREAD PLANE ALL FOUR TIRES MUST BE MATCHING BRAND, SIZE, BALANCE AND ALIGNMENT
BRAKE PADS
<ul style="list-style-type: none"> EACH WHEEL MUST HAVE A MINIMUM OF 5MM THICKNESS ON THE FRONT BRAKE PADS/SHOES AND 3MM THICKNESS ON THE REAR BRAKE PADS/SHOES USING AN APPROPRIATE MEASURING TOOL

RIGHT FRONT:

_____/32NDS
TIRE TREAD DEPTH
_____/MM REMAINING
BRAKE PAD THICKNESS

RIGHT REAR:

_____/32NDS
TIRE TREAD DEPTH
_____/MM REMAINING
BRAKE PAD THICKNESS



LEFT FRONT:

_____/32NDS
TIRE TREAD DEPTH
_____/MM REMAINING
BRAKE PAD THICKNESS

LEFT REAR:

_____/32NDS
TIRE TREAD DEPTH
_____/MM REMAINING
BRAKE PAD THICKNESS

UNDER VEHICLE

	PASSED	FIXED OR REPLACED
26. Visual Inspection Clean, No Leaks	<input type="checkbox"/>	<input type="checkbox"/>
27. No Engine Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>
28. No Transmission Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>
29. Brake System	<input type="checkbox"/>	<input type="checkbox"/>
30. Transfer Case*	<input type="checkbox"/>	<input type="checkbox"/>
31. Axle	<input type="checkbox"/>	<input type="checkbox"/>
32. No Coolant Leaks	<input type="checkbox"/>	<input type="checkbox"/>

SUSPENSION

	PASSED	FIXED OR REPLACED
33. Control Arms	<input type="checkbox"/>	<input type="checkbox"/>
34. Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>
35. Bushings	<input type="checkbox"/>	<input type="checkbox"/>
36. Springs/Sway Bars	<input type="checkbox"/>	<input type="checkbox"/>
37. Shock Absorbers/Struts/Air Suspension	<input type="checkbox"/>	<input type="checkbox"/>
38. Gear/Rack & Pinion	<input type="checkbox"/>	<input type="checkbox"/>
39. Tie Rod Ends	<input type="checkbox"/>	<input type="checkbox"/>
40. Exhaust System*	<input type="checkbox"/>	<input type="checkbox"/>

ENGINE COMPARTMENT

	PASSED	FIXED OR REPLACED
41. Cooling System	<input type="checkbox"/>	<input type="checkbox"/>
42. Ignition System	<input type="checkbox"/>	<input type="checkbox"/>
43. AC Compressor*	<input type="checkbox"/>	<input type="checkbox"/>
44. Vacuum System	<input type="checkbox"/>	<input type="checkbox"/>
45. Brake System	<input type="checkbox"/>	<input type="checkbox"/>
46. Engine Insulator/Blanket*	<input type="checkbox"/>	<input type="checkbox"/>
47. Fuel System*	<input type="checkbox"/>	<input type="checkbox"/>
48. Power Steering System	<input type="checkbox"/>	<input type="checkbox"/>
49. Check for Proper Labels & Decals	<input type="checkbox"/>	<input type="checkbox"/>
50. Alternator*	<input type="checkbox"/>	<input type="checkbox"/>
51. Water Pump*	<input type="checkbox"/>	<input type="checkbox"/>
52. AC Condenser*	<input type="checkbox"/>	<input type="checkbox"/>

EXTERIOR

GLASS	PASSED	FIXED OR REPLACED
53. Windshield/Side/Rear	<input type="checkbox"/>	<input type="checkbox"/>
54. Sunroof*	<input type="checkbox"/>	<input type="checkbox"/>
55. Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
LIGHTS	PASSED	FIXED OR REPLACED
56. Front: Headlamps/Running/Fog/High Beam/Parking	<input type="checkbox"/>	<input type="checkbox"/>
57. Rear: Reverse/Brake/High Mount Stop/Side Marker/License Plate	<input type="checkbox"/>	<input type="checkbox"/>
58. Turn Signals and Hazards	<input type="checkbox"/>	<input type="checkbox"/>
BODY PANELS	PASSED	FIXED OR REPLACED
59. Bumper & Fascias; Front and Rear	<input type="checkbox"/>	<input type="checkbox"/>
60. Grille/Hood/Trunk/Roof	<input type="checkbox"/>	<input type="checkbox"/>
61. Emblems/Nameplates	<input type="checkbox"/>	<input type="checkbox"/>
62. Moldings/Appliqué	<input type="checkbox"/>	<input type="checkbox"/>
63. Fender Panels; Front and Rear	<input type="checkbox"/>	<input type="checkbox"/>
64. Doors/Door Handles	<input type="checkbox"/>	<input type="checkbox"/>
65. Wheels: Covers/Center Caps/Lugs/Locks	<input type="checkbox"/>	<input type="checkbox"/>
66. Running Boards/Side Steps*	<input type="checkbox"/>	<input type="checkbox"/>
67. Convertible Top*	<input type="checkbox"/>	<input type="checkbox"/>
68. Spare Tire/Jack/Tools/Retractor	<input type="checkbox"/>	<input type="checkbox"/>
69. Liftgate/Multi-Function Liftgate (Trucks)*	<input type="checkbox"/>	<input type="checkbox"/>
70. Bedliner (Trucks)*	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR

LIGHTING	PASSED	FIXED OR REPLACED
71. Interior/Ambient	<input type="checkbox"/>	<input type="checkbox"/>
72. Visor/Map/Glove Box	<input type="checkbox"/>	<input type="checkbox"/>
73. Rear Compartment/Cargo*	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR

TRIM/CONTROLS	PASSED	FIXED OR REPLACED
74. Windows Operative (Power/Manual)	<input type="checkbox"/>	<input type="checkbox"/>
75. Door Locks Operative (Power/Manual/Child Safety Lock)	<input type="checkbox"/>	<input type="checkbox"/>
76. Sunroof Operative (If Equipped)*	<input type="checkbox"/>	<input type="checkbox"/>
77. Windshield Wipers/Washer	<input type="checkbox"/>	<input type="checkbox"/>
78. Door/Trim/Armrest/Speaker Grilles (All)	<input type="checkbox"/>	<input type="checkbox"/>
79. Headliner/Pillar Trim	<input type="checkbox"/>	<input type="checkbox"/>
80. Sill Plate/Kick Panel	<input type="checkbox"/>	<input type="checkbox"/>
81. Pull/Assist Handles*	<input type="checkbox"/>	<input type="checkbox"/>
82. Steering Wheel Tilt/Lock Operative*	<input type="checkbox"/>	<input type="checkbox"/>
83. Driver's Seat Operative (Power/Manual)	<input type="checkbox"/>	<input type="checkbox"/>
84. Pass Seat Operative (Power/Manual)	<input type="checkbox"/>	<input type="checkbox"/>
85. Driver's Seat Heat/Cooled Operative*	<input type="checkbox"/>	<input type="checkbox"/>
86. Pass Seat Heat/Cooled Operative*	<input type="checkbox"/>	<input type="checkbox"/>
87. Rear Defroster Operative*	<input type="checkbox"/>	<input type="checkbox"/>
88. Cruise Control Operative*	<input type="checkbox"/>	<input type="checkbox"/>
89. Horn	<input type="checkbox"/>	<input type="checkbox"/>
90. Other	<input type="checkbox"/>	<input type="checkbox"/>
91. Trunk/Fuel Door Releases*	<input type="checkbox"/>	<input type="checkbox"/>
92. Inside Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY TECHNOLOGY

	PASSED	FIXED OR REPLACED
93. Airbag System	<input type="checkbox"/>	<input type="checkbox"/>
94. Safety Belts	<input type="checkbox"/>	<input type="checkbox"/>
95. Tire Pressure Monitoring System	<input type="checkbox"/>	<input type="checkbox"/>
96. LATCH System*	<input type="checkbox"/>	<input type="checkbox"/>
97. Alarm/Theft Deterrent*	<input type="checkbox"/>	<input type="checkbox"/>
98. All Factory-Installed Safety equipment	<input type="checkbox"/>	<input type="checkbox"/>
99. All Collision Avoidance Systems*	<input type="checkbox"/>	<input type="checkbox"/>

INFOTAINMENT

	PASSED	FIXED OR REPLACED
100. Bluetooth Operation*	<input type="checkbox"/>	<input type="checkbox"/>
101. Wi-Fi Operation*	<input type="checkbox"/>	<input type="checkbox"/>
102. USB Ports*	<input type="checkbox"/>	<input type="checkbox"/>
103. Telematics (OnStar®, Sync, etc.)*	<input type="checkbox"/>	<input type="checkbox"/>
104. Clock*	<input type="checkbox"/>	<input type="checkbox"/>
105. Satellite Radio (SiriusXM®)*	<input type="checkbox"/>	<input type="checkbox"/>

EV PROPULSION SYSTEM (Electric Vehicles Only)

	PASSED	FIXED OR REPLACED
106. High-Voltage/Battery Cooling System	<input type="checkbox"/>	<input type="checkbox"/>
107. High-Voltage Wiring	<input type="checkbox"/>	<input type="checkbox"/>
108. EV Propulsion System Insulator/Blanket	<input type="checkbox"/>	<input type="checkbox"/>
109. Check for Proper Labels and Decals	<input type="checkbox"/>	<input type="checkbox"/>
110. Charge Port	<input type="checkbox"/>	<input type="checkbox"/>
111. Charge Port Cord/Connector Electric Motor(s)	<input type="checkbox"/>	<input type="checkbox"/>
112. High-Voltage Battery Inspection	<input type="checkbox"/>	<input type="checkbox"/>
113. High-Voltage Charge Wiring and Connector(s)	<input type="checkbox"/>	<input type="checkbox"/>
114. High-Voltage Coolant lines	<input type="checkbox"/>	<input type="checkbox"/>
115. High-Voltage Power Wiring and Connector(s)	<input type="checkbox"/>	<input type="checkbox"/>
116. Multiple High-Voltage Ground Straps	<input type="checkbox"/>	<input type="checkbox"/>
117. EV Propulsion System Mounts	<input type="checkbox"/>	<input type="checkbox"/>
118. Regen Paddle Operation	<input type="checkbox"/>	<input type="checkbox"/>
119. Regen On Light Brake Pedal Application	<input type="checkbox"/>	<input type="checkbox"/>
120. "L" One-Pedal Driving Mode Operation	<input type="checkbox"/>	<input type="checkbox"/>

DETAILING

INTERIOR	PASSED	FIXED OR REPLACED
121 . Carpet/Floor Mats/ Upholstery/ Trim Panels	<input type="checkbox"/>	<input type="checkbox"/>
122 . Glass Surfaces	<input type="checkbox"/>	<input type="checkbox"/>
123 . Trunk/Storage Compartment	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	PASSED	FIXED OR REPLACED
124 . Wash/Remove Road Tar/Oil/ Stains	<input type="checkbox"/>	<input type="checkbox"/>
125 . Tires/Wheels Free of Dirt and Brake Dust	<input type="checkbox"/>	<input type="checkbox"/>
126 . Recondition Surface Chips/ Scratches	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE & INSPECTION DETAILS

Inspection Date: ____/____/____

Stock #: _____

Dealership: _____

Vehicle Original In-Service Date (GM vehicles ONLY): ____/____/____

Dealership BAC: _____

Year: _____ Make: _____

Repair Order: _____

Model: _____ Mileage: _____

VIN #: _____

Radio ID: _____

INSPECTION #: _____

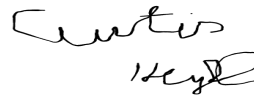
Cross-reference this number on Repair Order(s).

GM reserves the right to disqualify a vehicle from the CarBravo Program for failure to meet program standards based on service history files, an independent vehicle history report and/or information obtained by GM Global Warranty Management Systems.

THIS CERTIFIED INSPECTION PROCESS IS REQUIRED FOR ALL CARBRAVO VEHICLES. ALL INSPECTION POINTS MUST BE COMPLETED.

I certify that this vehicle has undergone inspection and, if necessary, has been repaired and/or reconditioned in accordance with the CarBravo Certified process. Upon final inspection, I have determined that the vehicle is eligible to be certified and is not subject to any open safety or non-compliance recall(s).

Required signature:



Certified Technician Name/Signature: _____ Date: ____/____/____

The authorized Service Manager and Used Vehicle Manager signatures certify that this vehicle has been carefully inspected and currently meets the requirements of the CarBravo Vehicles program. No claim is made that this vehicle is in new condition.

Required signatures:



Service Manager Name/Signature: _____ Date: ____/____/____



Used Vehicle Manager Name/Signature: _____ Date: ____/____/____

IMPORTANT: Before CarBravo vehicles are listed or sold, CarBravo requires dealers to complete all safety recalls. The dealer acknowledges that the appropriate systems have been checked, and that any open recalls have been addressed. The customer understands that the recall status of any vehicle is available at my.gm.com/recalls or www.nhtsa.gov/recalls, and that he/she has received a copy of this vehicle's report dated ____/____/____.

Customer Initials: _____ Dealership Manager Initials: _____

Customer Names/Signature: _____ Date: ____/____/____