

VT40M Motorcycle MOT Inspection Check List



**This form must not be used as an MOT refusal document.
If the vehicle does not pass the test a VT30 must be issued.**

Vehicle & Operator Services Agency

MOT test number	Date of first use	Last MOT expiry date
Registration mark	Previous test certificate number	Seriously damaged marker (DVLA)

Vehicle identification or frame number

The details should be checked and if not correct then record the new values in the space to the side of the incorrect entry.

Make		
Model		
Colour		
Cylinder capacity		Odometer reading miles km

Note: The following vehicle specific information relates to machines in a standard condition and may not apply if the machine has been modified.

Testers name in CAPITALS	Test station number	Date / Time
	Test Expiry date	E. T. Certificate number

Fallback / Emergency Testing use only

Items to be tested

Defects / Comments

	Pass	Fail	
<u>Sitting on machine</u>			
Handlebars, brake controls, switches	<input type="checkbox"/>	<input type="checkbox"/>	
Headbearings, horn	<input type="checkbox"/>	<input type="checkbox"/>	
Front suspension (bump test), forks	<input type="checkbox"/>	<input type="checkbox"/>	
Rear suspension (bump test)	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Front of machine</u>			
Front position lamps, headlamps	<input type="checkbox"/>	<input type="checkbox"/>	
Indicators	<input type="checkbox"/>	<input type="checkbox"/>	
Brake master cylinder (if fitted)	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Front wheels raised</u>			
Steering, headbearings, front forks	<input type="checkbox"/>	<input type="checkbox"/>	
Wheels (including bearings)	<input type="checkbox"/>	<input type="checkbox"/>	
Tyre, front brake	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Offside of machine</u>			
Inspect frame, seat, foot rests	<input type="checkbox"/>	<input type="checkbox"/>	
Rear suspension, final drive	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust, fuel system, tyre, brake	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Rear of machine</u>			
Rear position lamp	<input type="checkbox"/>	<input type="checkbox"/>	
Stop lamp, indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Reflector, number plate	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Nearside of machine</u>			
Inspect frame, seat, foot rests	<input type="checkbox"/>	<input type="checkbox"/>	
Rear suspension, final drive	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust, fuel system, tyre, brake	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Rear wheel raised</u>			
Rear wheel (including bearings)	<input type="checkbox"/>	<input type="checkbox"/>	
Rear suspension (including bushes)	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Wheel alignment</u>			
Alignment tools	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Brake test</u>			
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	
Bind or judder	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Headlamp aim</u>			
Headlamp aim (rider on machine)	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Side car</u>			
Tyre, wheel (including bearings)	<input type="checkbox"/>	<input type="checkbox"/>	
Brake (if fitted), suspension	<input type="checkbox"/>	<input type="checkbox"/>	
Attachment of structure	<input type="checkbox"/>	<input type="checkbox"/>	
Swivel joints on leanable sidecar	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel alignment	<input type="checkbox"/>	<input type="checkbox"/>	

		Brake Test	Control 1	Control 2	Efficiency	
Weight on front wheel		Front			Control 1	
Weight on rear wheel		Rear			Control 2	
Weight on sidecar wheel		Side car brake				
Weight of Rider						

Overall test result

Please note any defects which in your opinion make the vehicle dangerous to drive.