

IMPORTANT: The following information must be completed for VW certification to be considered.

Dealer Name

Dealer Number

- -

Technician Name

Technician's Number (U.S. only)

- -

Inspection Date (Month/Day/Year)

Model Name

VIN

Mileage/Kilometers

- -

XU Claim Number

Date XU Claim was Input (Month/Day/Year)

Name of Person Who Input XU Claim

Repair Order Number (If different from Claim Number)

REQUIRED: The undersigned verifies that the subject Volkswagen has been inspected and appropriately reconditioned as indicated herein. This area must be filled in completely.

Submitted for VW certification by:

Name (Please Print)

Title

- -


Signature

Date (Month/Day/Year)

CAUTION: Volkswagen of America, Inc., reserves the right to deny VW certification. Do not offer a Volkswagen Certified Pre-Loved vehicle for retail sale until the VCAS System updates the Certification Request to "Approved Sale Pending."

INSPECTION AND CONDITION REPORT

To qualify as a Volkswagen Certified Pre-Loved vehicle:

- The vehicle must be no older than current or previous five (5) model years.
- The vehicle must have less than 75,000 miles (120,000 km).
- The vehicle must be six (6) months or more from original (new car) delivery date or have at least 6,000 miles (10,000 km).
-  Vehicle History Report

If the vehicle meets the above criteria, it is suggested that you take an impartial and objective look at the exterior and interior of this vehicle.

Vehicles that have been extensively damaged, improperly repaired and/or those that will require significant expense to recondition should be eliminated from your consideration.

Ask yourself, "Once reconditioned, will this vehicle be ready for the Front Line?"

If your answer is yes, then proceed.

- New Vehicle Delivery Date: _____ Qualify: ☐ Yes ☐ No
- Still under Warranty: ☐ Yes ☐ No If yes, expires: _____
- Date Last Maintenance performed: _____
Mileage/Kilometers: _____
- Is any Maintenance currently due? ☐ Yes ☐ No
(If yes, the most comprehensive missed maintenance must be performed prior to VW certification.)
- Are there any open campaigns? ☐ Yes ☐ No
(If yes, all campaigns must be completed and reported prior to VW Certification.)

- All Books? (If no, replace as needed) ☐ Yes ☐ No
- All Keys? (If no, replace as needed) ☐ Yes ☐ No
- Radio Code? ☐ Yes ☐ No
Record Radio Code here: _____

• Check Warranty/Maintenance History

- Was the vehicle ever reported **totaled**? ☐ Yes ☐ No
- Or is there any structural **damage**? ☐ Yes ☐ No
- Or does the vehicle show signs of **flood damage**? ☐ Yes ☐ No
- Or is the mileage showing on the odometer different from the actual **vehicle mileage**? ☐ Yes ☐ No
- Is there a discrepancy in the **VIN plate** and other VINs on the vehicle and paperwork? ☐ Yes ☐ No

If any of these answers are yes, the vehicle does not qualify. Discontinue the inspection (update vehicle history file, as appropriate).

Once the above is completed/verified, then initiate the following inspection steps and perform repairs as needed.

Note: All repairs must be performed according to the repair procedures in the Repair Manuals, Microfiche and/or Technical Bulletins provided by Volkswagen of America.

System	Type of Inspection	Check for	Results/Value	Remarks: Qualify All Problems Here
INTERIOR				
Keys	Test	Remote open/close	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering Wheel	Test	Adjustments/Lock	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Doors/Handles	Test	Function, Feel	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Warning Chimes	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Window Operation	Test	Switches, Regulator	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Console	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Side and Back Windows	Visual	Chips, Cracks, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Windshield	Visual	Chips, Cracks, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Seats/Headrests	Test	Function, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Seat Heaters	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Seat Belts/Retractors	Test	Function, Wear	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Air Bags	Test	Function, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Note: Check and verify that the safety systems of this vehicle have not been disabled. If they have, then they must be restored to original (when new) configuration for this vehicle, prior to re-sale.				
Mirrors (in and out)	Test	Function, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Clock	Test	Set to Correct Time	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Glovebox/Ashtray	Visual	Function, Light, Lock	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Instrument Lights	Visual	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Sunroof	Test	Function, Sealing	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Lighter/12V Outlets	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Dome, Map, Visor Lights	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Door/Child Safety Locks	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Alarm System	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Upholstery	Visual	Wear, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Carpet/Floor Mats/Trunk	Visual	Wear, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Door Panels, Fuel/Trunk Release	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Headliner/Sun Visors	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Ignition Switch	Operation	Wear, Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Ignition Switch	Turn to "On"	All I.P. Warning Lights	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Perform full analysis of all computer-controlled onboard systems using either the V.A.G. 1551/1552 or VAS5051/5052 (as appropriate for the vehicle model/year). Note all Fault Codes: _____				
Check Readiness Code (If Readiness Code is not set, establish during Road Test)			<input type="checkbox"/> OK <input type="checkbox"/> Problem	
ATF Fluid	Visual	Level, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Note: Check ATF Level in accordance with Model-specific workshop procedures				
ROAD TEST (15 – 20 minutes—must reach operating temperature)				
Record Mileage/Kilometers on Odometer at start of Road Test:				
Engine	Test	Starting, Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Idle, Knock, Vibration	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Valve Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Smoke	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Automatic Transmission (Including Shift Lock)	Test	Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Slippage, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Shift Points	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Down Shift	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Manual Transmission	Test	Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Shifting	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Differential	Test	Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	

System	Type of Inspection	Check for	Results/Value	Remarks: Qualify All Problems Here
Clutch	Test	Operation, Slippage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering	Test	Noise, Effort	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Vibration, Pulling	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering Wheel Aligned	Visual		<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Suspension	Test	Function, Feel, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Brakes (and ABS)	Test	Function, Feel, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Parking Brake	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
A/C System/Defroster	Test	Operation, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Heater	Test	Operation, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Speedometer	Test	Function, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Horn(s)	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Radio/Antenna	Test	Function/Pre-Sets	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
CD/Cassette/Navigation	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Speakers	Test	Noise, Vibration	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wipers/Washers (F and R)	Test	Function/Jets Aim	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wiper Blades/Arms	Test	Function/Performance	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Cruise Control	Test	Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wind Noise, Squeaks, Rattles/Wheel Bearing or Exhaust Noises			<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Engine	Test	Hot Start/Idle	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Odometer (Record mileage/kilometers at end of road test:_____)			<input type="checkbox"/> OK <input type="checkbox"/> Problem	

Note: Compare with mileage/kilometers at start of road test:

AFTER ROAD TEST (Engine Off)

Cooling System	Visual	Leaks, Hoses, Radiator-Pumps	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Coolant	Visual	Level	<input type="checkbox"/> OK <input type="checkbox"/> Low	
	Test	Antifreeze Content		
		Protected to _____ degrees	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Battery/Charging System	Test	Function, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Battery Cables/Clamps	Visual	Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Ignition Wires	Visual	Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Electrical System	Visual	Wire Routing, Connections	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
V-belts/Air Filter	Visual	Loose, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
A/C Compressor, Clutch	Visual	Function, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Cooling Fan	Visual	Function, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Washer Reservoir	Visual	Fluid Level, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Engine Oil	Visual	Level, Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Power Steering	Visual	Fluid Level	<input type="checkbox"/> OK <input type="checkbox"/> Low	
Brake Reservoir, Master Cylinder	Visual	Fluid Level	<input type="checkbox"/> OK <input type="checkbox"/> Low	
Fuel System	Visual	Leaks, Fittings, Filter	<input type="checkbox"/> OK <input type="checkbox"/> Low	

System	Type of Inspection	Check for	Results/Value	Remarks: Qualify All Problems Here
EXTERIOR				
Any dings, dents and scratches to body, bumper or wheels, which detract from the "Front Line" appearance of the vehicle, should be professionally repaired. All body trim should be intact and damage-free.				
Turn Signal/Marker	Visual	Damage, Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Emergency Flashers	Visual	Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Antenna Mast	Visual	Condition	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Headlights	Visual	Lens Broken	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Headlight	Test	High/Low Beam	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Fog Lights	Visual	Lens Broken, Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Tail/Brake/Reverse/License Plate Lights	Visual	Lens Broken, Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
High-Mount Brake Light	Visual	Operation	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Trunk/Rear Hatch/Trim/Roof Rack	Test	Function, Feel, Lights	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Spare Tire, Jack, Tool Kit	Visual	Damage, Tire Pressure	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Cabrio, Top	Test, Visual	Condition, Function	<input type="checkbox"/> OK <input type="checkbox"/> Problem	

UNDER BODY (Vehicle On Lift)

Wheels	Visual	Damage, Matched	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Tires	Visual	Damage, Pressure	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Note: All tires must be correct size and match in Brand and Type				
Tread Depth (Minimum 4/32) LF _____ RF _____ RR _____ LR _____			<input type="checkbox"/> OK <input type="checkbox"/> Problem	
	Visual	Unusual tire wear?	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Wheel Covers	Visual	Damage, Missing	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Transmission	Visual	Oil Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Worn Mounts	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
C/V Joint Boots	Visual	Leaks, Worn	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Axles, Suspension	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Control Arms, Bushings, etc.	Visual	Damage	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Engine	Visual	Leaks, Mounts	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Shocks/Struts/Springs	Visual	Leaks, Damage, Weak	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Brake System	Visual	Damaged, Leaking	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Brake Pad Lining	Measure	Minimum 50% remain	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Brake Rotors/Calipers	Visual/Measure	Leaks, Specs	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Exhaust	Visual	Leaks, Alignment	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
		Damage, Wear	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Steering Rack, Pump	Visual	Leaks, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Hoses	Visual	Damaged, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Hydraulic Pump	Visual	Leaks, Noise	<input type="checkbox"/> OK <input type="checkbox"/> Problem	
Underbody	Visual	Other Damage, Leaks	<input type="checkbox"/> OK <input type="checkbox"/> Problem	

Please Verify:

- Any and all non-original equipment is either replaced or disclosed and specifically excluded from warranty coverage on the sales invoice.
- All original equipment on the vehicle you are inspecting, which is not specifically called out herein, is inspected and is verified to be in good working condition.
- Owner's Manual and other owner materials are with the vehicle (replace as required).
- All keys are with the vehicle (including all keyless entry transmitters, as appropriate) and are functional.
- If equipped with CD changer or navigation system, verify the CD magazine and CDs are with the vehicle.
- Vehicle Maintenance is up to date and the maintenance record is complete.
- Minor paint/body reconditioning has been satisfactorily completed.
- Vehicle is detailed—front-line ready.
- At time of sale, the Bill of Sale needs to indicate "VW Certified Pre-Loved" with the customer's signature.