BOUND EDGE

DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE:	TRACTOR/TRUCK NO.:		CK NO.:	TRAILER(S) NO.(S):
	APPROPR-ATE CHECK	mechanical brea	kdown.	his motor vehicle as would be likely to affect the safety of its operation or result in its ciencies in this motor vehicle as would be likely to affect the safety of its operation or
	Ind	licate whether defects	are on TRACTOR/T	RUCK or TRAILER - Use sufficient detail to locate for mechanic.
	mo	modic whether derecto	are on madicity.	TOOK OF TIPLETT GOO SUITORIN GOOD TO THEORIGING.
			DRIVER'S SIGN	NATURE:
	☐ Abov	ve defects corrected		$\hfill\square$ Above defects need not be corrected for safe operation of vehicle
			MECHANIC'S SIGN	ATURE:
			DRIVER'S SIGN	ATURE: \$ Published by J. J. KELLER & ASSOCIATES, INC.