

ANNUAL AUTOMOBILE SAFETY INSPECTION REPORT

Report of Condition

INSURA	ANCE							
FOR EACH				EPARATE REPORT EHICLE INSPECTED		Inspection Date		
Owner (if not motor carrier)					Phone			
Address								
Inspection Location				Inspector's Name (print)				
YEAR: TY			TYPE _	VIN:				
LIGHTING	ок	NEEDS REPAIR	REPAIR DONE	BRAKES	ок	NEEDS REPAIR	REPAIR DONE	
Headlights				Adjustment				
Tail/ Stop				Mech. Components				
Clearance/ Marker				Drum/ Rotor				
Identification				Hose/ Tubing				
Reflectors				Lining				
Other				Low Air Warning				
CAB/ BODY				Trailer Air Supply				
Access				Compressor				
Load Securement				Parking Brakes				
Tie Downs				Tractor Protection				
Headerboard				Valve				
Emergency Equip.				Other				
Other				COUPLERS				
STEERING				Fifth Wheel & Mount				
Adjustment				Pin/ Upper Plate				
Column/ Gear				Pintle-Hook/ Eye				
Axle				Safety Chains				
Linkage				Other				
Power Steering				EXHAUST				
Other				Leaks				
FUEL SYSTEM				Placement				
Tank(s)				WINDSHIELD				
Lines				WIPERS				
Other				MIRRORS				
SUSPENSION								
Springs				List any other condition of this vehicle.	i wnich may	prevent sale	e operatior	
Attachments				of this vehicle.				
Sliders								
Other								
FRAME								
Members								
Clearance								
Other								
TIRES								
Tread								
Inflation								
Damage								
Tire & Wheel Clearance								
Other								
WHEELS/ RIMS								
Fasteners								
Disc/ Spoke								
Other								

THIS VEHICLE HAS BEEN INSPECTED AND REPAIRED AS NEEDED TO COMPLY WITH 49 CFR PART 396, APPENDIX G.