DRIVER'S VEHICLE INSPECTION REPORT

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

DATE:	TRACTOR/TRUCI	(NO.:	TRAILER(S) NO.(S):	
	mechanical break	lown.	s would be likely to affect the safety of its ottor vehicle as would be likely to affect the s	
	Indicate whether defects as	e on TRACTOR/TRUCK or TRAILER	R - Use sufficient detail to locate for mechan	nic.
		DRIVER'S SIGNATURE:		
	☐ Above defects corrected	☐ Above defects	need not be corrected for safe operation of	vehicle
MECHANIC'S SIGNATURE:				
		DRIVER'S SIGNATURE: © Copyright 2003 & Published by J. J. KELLER &	k ASSOCIATES, INC.	