

FMCSA

PERIODIC INSPECTION

CERTIFICATION

This vehicle has passed an inspection in accordance with 49 C.F.R. Part 396 and must be reinspected during or before the same calendar month one year after the date shown below.

Location of Records:

Company: _____

Address: _____

Vehicle ID (if req'd): _____

DATE OF INSPECTION

MONTH

APPLY
MONTH
STICKER
HERE

-2009

YEAR

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