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 break	kdown.	this motor vehicle as would be likely to affect the safety of its operation or result in its ficiencies in this motor vehicle as would be likely to affect the safety of its operation or
	Indi	cate whether defects :	are on TRACTOR/	TRUCK or TRAILER - Use sufficient detail to locate for mechanic.
	mai	date whether delects t		THOUR ST THATELET OUR SUITABLE TO THOUSE THE THOUSE THE STATE OF THE S
		V		
	,		DRIVER'S SIG	NATURE:
	☐ Above	e defects corrected		$\hfill \square$ Above defects need not be corrected for safe operation of vehicle
		1	MECHANIC'S SIGN	NATURE:
			DRIVER'S SIGN	NATURE: