

VEHICLE IDENTIFICATION (Complete 90, 9000-90)

ZIP _____ EMPLOYER NO. _____

Additional information on Inspection Procedures see FMCSR Section 396, Appendix G)

| | OK REPAIR | | OK REPAIR | | OK REPAIR | |
|----------------|-----------|--------|-----------|--------|-----------|--------|
| | OK | REPAIR | OK | REPAIR | OK | REPAIR |
| STEERING | | | | | | |
| Adjustment | | | | | | |
| Coaxial/Caster | | | | | | |
| Axis | | | | | | |
| Linkage | | | | | | |
| Power Steering | | | | | | |
| Other | | | | | | |
| FUEL SYSTEM | | | | | | |
| Tank(s) | | | | | | |
| Lines | | | | | | |
| SUSPENSION | | | | | | |
| Spring | | | | | | |
| Interference | | | | | | |
| Shocks | | | | | | |
| MIRRORS | | | | | | |
| FRAME | | | | | | |
| Members | | | | | | |
| Clearance | | | | | | |
| TIRES | | | | | | |
| Tread | | | | | | |
| Inflation | | | | | | |
| Damage | | | | | | |
| Other | | | | | | |
| WHEELS/ RIM | | | | | | |
| Fasteners | | | | | | |
| Disc/Spoke | | | | | | |
| WINDSHIELD | | | | | | |
| WINDSHLD. W/P | | | | | | |

SERVICE SPECIAL

\$50⁰⁰

D.O.T.

Inspection

passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

DATE _____ SITE _____

DRY SURFACE.
E (321-89) TO
DER NORMAL

RECOMMENDED
BY THE LABEL
IT AND WILL NOT
BE TO EXPOSURE
R TIME. CAREFUL
G REGARDING
O AN AREA NOT
MAY BE LIGHT

FEDERAL ANNUAL INSPECTION

THIS VEHICLE HAS PASSED AN ANNUAL INSPECTION
CONDUCTED IN ACCORDANCE WITH 49 CFR, PART 396, FMCSR

MONTH _____ YEAR _____

VEHICLE ID (Company No.) _____

INSPECTOR NO. OR VIN _____

LOCATION OF RECORDS: _____

00449083

*Inspection only. Does not include any parts or labor on any repairs or equipment needed. Offer expires 9/30/17.