

Annual Periodic Vehicle Inspection Report

Name and Address of Inspecting Company or Agency _____

Registered Owner's Name		Date	Time
Street		Certified Inspector's Name (Print or Type)	
City, State, Zip Code		The technician meets and exceeds all requirements of 49 CFR §396.19 and compatible state regulations and can perform the inspection according to the appendix G criteria and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.19.	
Motor Carrier Operating Vehicle (If different from Owner)			
Street			
City, State, Zip Code		Technician's Signature _____	
License Plate Number/State	Vehicle Identification Number	Vehicle Make	Vehicle Model
			Model Year

Vehicle Components Inspected

OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item
			1. BRAKE SYSTEM				5. FUEL SYSTEM				10. SUSPENSION
			Adjustment				Visible Leaks				Springs (cracked/broken/shifted)
			Drums or Rotors				Fill Caps in place/intact				U-bolts, Hangers, etc.
			Hoses and/or Tubing				Tank(s) securely attached				Torque, Radius, Tracking Arms
			Lining				6. LIGHTING DEVICES				11. FRAME
			Warning (Low Pressure)				Headlamps				Frame Members
			Tractor Protection Valve				Front Turn Signals				Tire & Wheel Clearance
			Air Compressor				Front ID/Clearance Lamps				Sliding Subframe (adj. axle)
			Service Brakes				Side Marker Lamps - Left				12. TIRES
			Parking Brakes				Side Marker Lamps -Right				Steering Axle Tires -Condition
			Electric Brakes				Rear Turn Signals				Steering Tires - over 4/32" tread
			Hydraulic Brakes				Stop Lamps				Other Tires - Condition
			Vacuum Brakes				Tail Lamps				Other Tires - over 2/32" tread
			Warning (Sys Failure)				Rear ID/Clearance Lamps				13. WHEELS & RIMS
			2. STEERING SYSTEM				Reflectors / Ref Tape				Lock/Slide Ring
			Free Play (Lash)				7. COUPLING DEVICES				Fasteners
			Steering Column				5 TH Wheel				Disk/Spoke Condition
			Front Axle Beam				Pintle Hooks				Welds
			Steering Gear Box				Drawbar Eye				List any other condition which may affect safe vehicle operation
			Pittman Arm				Drawbar Tongue				
			Ball & Socket Joints				Safety Devices				
			Tie Rods & Drag Links				8. EXHAUST SYSTEM				
			Nuts, Bolts, Fasteners				Leaks				
			Power Steering Fluid				Placement				
			3. WINDSHIELDS				9. SAFE LOADING				
			4. WIPERS				Securement Devices				

MARK COLUMNS AS FOLLOWS: **x** = OK; **o** = Needs repair; **NA** = Does not apply; Fill in Repair date as appropriate

I CERTIFY THE ANNUAL VEHICLE INSPECTION HAS BEEN DONE ACCURATELY AND COMPLETELY. I FURTHER CERTIFY THAT THIS INSPECTION COMPLIES WITH THE REQUIREMENTS OF 49 CFR §396.21.

This information must be available on board the vehicle, either as a copy of this report, or on a decal that complies with 49 CFR §396.17(c)(2). This report must be kept a minimum of fourteen months from date of completion.

Certified Inspector's Signature: _____

Date: _____