|  |
| --- |
| **Annual Vehicle Inspection**  |
| Registered Owner’s NameClick here to enter text. | DateEnter a date. | Time Click here to enter text. |
| StreetClick here to enter text. | Certified Inspector’s Name (Print or Type)Click here to enter text. |
| City, State, Zip CodeClick here to enter text. | The signing of this inspection report certifies that the technician meets and exceeds all requirements of 49 CFR §396.17 and compatible state regulations and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.17Technician’s Signature: Click here to enter text. |
| Motor Carrier Operating Vehicle (if different from Owner)Click here to enter text. |
| StreetClick here to enter text. |
| City, State, Zip CodeClick here to enter text. |
| License Plate Number/StateClick here to enter text. | Vehicle Identification NumberEnter text. | Vehicle MakeEnter text. | Vehicle ModelEnter text. | Model YearEnter text. |

**Vehicle Components Inspected**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Item** | **OK** | **Needs****Repair** | **Repair****Date** | **Item** | **OK** | **Needs****Repair** | **Repair****Date** | **Item** | **OK** | **Needs****Repair** | **Repair****Date** |
| **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 |[ ] [ ]    | Siding Subframe (adj.axle) |[ ] [ ]    |
| Service Brakes |[ ] [ ]    | Side Marker Lamps - Left |[ ] [ ]    | **12. TIRES** |[ ] [ ]    |
| Parking Brakes |[ ] [ ]    | Side Market Lamps - Right |[ ] [ ]    | Steering Axle Tires - Condition |[ ] [ ]    |
| Electric Brakes |[ ] [ ]    | Rear Turn Signals |[ ] [ ]    | Steering Tires – over 4/32” tread |[ ] [ ]    |
| Hydraulic Brakes |[ ] [ ]    | Stop Lights |[ ] [ ]    | Other Tires - Condition |[ ] [ ]    |
| Vacuum Brakes |[ ] [ ]    | Tail Lights |[ ] [ ]    | Other Tires – over 2/32” tread |[ ] [ ]    |
| Warning (Sys Failure) |[ ] [ ]    | Rear ID/Clearance Lights |[ ] [ ]    | **13. WHEELS & RIMS** |[ ] [ ]    |
| **2. STEERING SYSTEM** |[ ] [ ]    | Reflectors/Ref Tape |[ ] [ ]    | Lock/Slide Ring |[ ] [ ]    |
| Free Play (Lash) |[ ] [ ]    | **7. COUPLING DEVICES** |[ ] [ ]    | Fasteners |[ ] [ ]    |
| Steering Column |[ ] [ ]    | 5th 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 |[ ] [ ]    | Enter text |[ ] [ ]    |
| Tie Rods & Drag Links |[ ] [ ]    | **8. EXHAUST SYSTEM** |[ ] [ ]    | Enter text |[ ] [ ]    |
| Nuts, Bolts, Fasteners |[ ] [ ]    | Leaks |[ ] [ ]    | Enter text |[ ] [ ]    |
| Power Steering Fluid |[ ] [ ]    | Placement |[ ] [ ]    | Enter text |[ ] [ ]    |
| **3. WINDSHIELDS** |[ ] [ ]    | **9. SAFE LOADING** |[ ] [ ]    | Enter text |[ ] [ ]    |
| **4. WIPERS** |[ ] [ ]    | Securement Devices |[ ] [ ]    | Enter text |[ ] [ ]    |
|  |

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.

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| Certified Inspector’s Signature:Click here to enter text. | Date:Click here to enter a date. |

**INSPECTOR QUALIFICATIONS**

**Certification – 49 CFR §396.19**

Motor carriers are responsible for ensuring that individual(s) performing an annual inspection under §396.17 are qualified as follows:

* Understands the inspection criteria set forth in Part 393 and Appendix G and can identify defective components.
* Is knowledgeable of and has mastered the methods, tools, procedures, and equipment used when performing an inspection.
* Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories. (check all that apply)

|  |  |
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| Choose an item. | Successfully completed a State or Federal training program or has certificate from a State or Canadian Province which qualifies the person to perform commercial vehicle safety inspections. |
|  | Specify: | Click here to enter text. |

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| Choose an item. | Have a combination of training or experience totaling at least one year as follows. (check all that apply) |
|  | Choose an item.: | 1. Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance.
 |
|  | Where: | Click here to enter text. |
|  | Date: | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
|  | Enter years | 1. Years of experience as a mechanic or inspector in a motor carrier maintenance program.
 |
|  | Name: | Click here to enter text. |
|  | Date: | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
|  | Enter years | 1. Years of experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility.
 |
|  | Name of facility: | Click here to enter text. |
|  | Date: | Click here to enter a date. |

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|  | Enter years | 1. Years of experience as a commercial vehicle inspector for a State, Provincial, or Federal Government.
 |
|  | Where: | Click here to enter text. |
|  | Date: | Click here to enter a date. |

 I certify the above information is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Signature of Mechanic / InspectorClick here to enter text. | DateClick here to enter a date. |
| Signature of Employee or SupervisorClick here to enter text. | DateClick here to enter a date. |
| Evidence of Inspector Qualification is on file at:Click here to enter text. |

**BRAKE INSPECTOR QUALIFICATIONS**

**Certification – 49 CPR §396.25**

“Brake Inspector” means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier’s control, meet the applicable Federal standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service, or repairs of any brakes on its commercial motor vehicles.

**Minimum Qualifications**

* Understands and can perform brake service and inspection.
* Is knowledgeable of and has mastered the methods, procedures, tools and equipment necessary to perform brake service and inspection.
* Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories. (check all that apply)

|  |  |
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| Choose an item. | Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency, labor union, or has a certificate from a State or Canadian Province which qualifies the person to perform brake service or inspections. |
|  | Specify: | Click here to enter text. |

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| Choose an item. | Has brake-related training or experience or a combination thereof totaling at least one year as follows. (Check all that apply) |
|  | Choose an item.: | 1. Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program.
 |
|  | Where: | Click here to enter text. |
|  | Date: | Click here to enter a date. |

|  |  |  |
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|  | Enter years | 1. Years of experience performing brake maintenance or inspection in a motor carrier maintenance program.
 |
|  | Name:  | Click here to enter text. |
|  | Date: | Click here to enter a date. |

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|  | Enter years | Years of experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility. |
|  | Name of facility: | Click here to enter text. |
|  | Date: | Click here to enter a date. |

I certify the above information is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Signature of Mechanic / InspectorClick here to enter text. | DateClick here to enter a date. |
| Signature of Employee or SupervisorClick here to enter text. | DateClick here to enter a date. |
| Evidence of Inspector Qualification is on file at:Click here to enter text. |