

MOTOR CARRIER OPERATOR <i>My Bros Moving</i>	INSPECTOR'S NAME (PRINT OR TYPE) <i>Don C.</i>
ADDRESS <i>1729 194TH ST SE</i>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <i>BOTHELL, WA 98012</i>	VEHICLE IDENTIFICATION <input checked="" type="checkbox"/> AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <i>1HTMMAALODH240955</i>
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) <i>MOTOR TRUCKS EVERETT</i>

**VEHICLE COMPONENTS INSPECTED**

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	
			<b>1. BRAKE SYSTEM</b>				<b>6. SAFE LOADING</b>				<b>12. WINDSHIELD GLAZING</b>	
<input checked="" type="checkbox"/>			a. Service Brakes				a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).	
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure				<b>13. WINDSHIELD WIPERS</b>	
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.	
<input checked="" type="checkbox"/>			d. Brake Hose				<b>7. STEERING MECHANISM</b>			<b>14. MOTORCOACH SEATS</b>		
<input checked="" type="checkbox"/>			e. Brake Tubing				a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.	
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	NA			b. Steering Column				<b>15. REAR IMPACT GUARD</b>	
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components				In place, securely attached, proper size, proper placement (see 393.86).	
NA			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			<b>16. OTHER</b>	
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.	
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering					
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints					
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links					
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts					
			<b>2. COUPLING DEVICES</b>				<b>8. SUSPENSION</b>					
NA			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Axle Positioning Parts					
NA			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Spring Assembly					
NA			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components					
NA			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			<b>9. FRAME</b>					
NA			e. Safety Devices	<input checked="" type="checkbox"/>			a. Frame Members					
NA			f. Saddle-Mounts	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance					
			<b>3. EXHAUST SYSTEM</b>				<b>10. TIRES</b>					
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires					
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			b. All Other Tires					
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	NA			c. Speed-Restricted Tires					
			<b>4. FUEL SYSTEM</b>				<b>11. WHEELS AND RIMS</b>					
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Lock or Side Ring					
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	NA			b. Wheels and Rims					
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Fasteners					
			<b>5. LIGHTING DEVICES</b>				d. Welds					
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>								

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY, \_\_\_\_\_ REPAIRED DATE

**CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.**