

DATE

2-16-24

## RECORD OF ANNUAL INSPECTION

(49 CFR 396.17-23)

D10052512

Prepare Separate Report for Each Vehicle Inspected

COMPANY NAME <b>THREE AMIGOS</b>			VEHICLE TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER <input type="checkbox"/> DOLLY		
STREET ADDRESS <b>28523 SHANA PL</b>			VEHICLE MAKE <b>TELMBC</b>		MODEL <b>VAN</b>
CITY <b>SAUGUS</b>			STATE <b>CA</b>	ZIP <b>91350</b>	YEAR <b>2001</b>
INSPECTOR'S NAME (Please Print) <b>DAN LANGE</b>			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <b>#532 CA 45G4180</b>		
			EMPLOYEE NO. <b>001</b>		

## REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
<b>BRAKES</b>			<b>EXHAUST</b>			<b>STEERING</b>			<b>FRAME</b>		
Adjustment	/		Leaks	/		Adjustment			Members	/	
Mechan. Compon.	/		Placement	/		Column/Gear			Clearance	/	
Drum/Rotor	/		<b>LIGHTING</b>			Axle	/		Rear Impact Guard		
Hose/Tubing	/		Headlights			Linkage	/		<b>TIRES</b>		
Lining	/		Tail/Stop	/		Power Steering			Tread	/	
Antilock System	/		Clearance/Marker	/		Other			Inflation	/	
Automatic Adjusters	/		Identification	/		<b>FUEL SYSTEM</b>			Damage	/	
Low Air Warning	/		Reflectors	/		Tank(s)/Cap(s)	/		Speed Restrictions		
Trailer Air Supply	/		Other			Lines	/		Other		
Compressor											
Parking Brakes	/		<b>CAB/BODY</b>			<b>SUSPENSION</b>			<b>WHEELS/RIM</b>		
Other			Access	/		Springs	/		Fasteners	/	
			Eqpt./Load Secure	/		Attachments	/		Disc/Spoke	/	
<b>COUPLERS</b>			Tie-Downs	/		Sliders	/				
Fifth-Wheel & Mount	/		Headerboard	/					<b>WINDSHIELD</b>		
Pin/Upper Plate	/		Motorcoach Seats			<b>MIRRORS</b>			Glass		
Pintle-Hook/Eye			Other						Wipers		
Safety Chain(s)											

## REMARKS

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

QUALIFIED INSPECTOR'S SIGNATURE

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