RECORD OF ANNUAL INSPECTION

(49 CFR 396.17-23)

7-29-24

DATE

D10615348

	Prepare Separate Report for Each Vehicle Inspected			DIU613348		
COMPANY NAME		VEHICLE TYPE		CONVERTER		
I HREE AMIGOS		☐ TRUCK ☐ TR	ACTOR KTRAILER			
STREET ADDRESS		VEHICLE MAKE	MOE	DEL YEAR		
28523 SHANA F)(RSRC	VAI	V 2021		
CITY STATE	ZIP	VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN)				
SAUGUS CA	91350	303	CA4	UB1823		
INSPECTOR'S NAME (Please Print)			EMPLOYEE NO.			
DAN UNGER			001			

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A) REPAIR OK REPAIR REPAIR OK REPAIR **BRAKES EXHAUST** STEERING FRAME Adjustment Leaks Adjustment Members Mechan. Compon. Placement Column/Gear Clearance Drum/Rotor LIGHTING Axle Rear Impact Guard Hose/Tubing Headlights Linkage TIRES Power Steering Lining Tail/Stop Tread Antilock System Clearance/Marker Other Inflation Automatic Adjusters Identification **FUEL SYSTEM** Damage Low Air Warning Reflectors Tank(s)/Cap(s) Speed Restrictions Trailer Air Supply Other Other Lines Compressor Parking Brakes CAB/BODY SUSPENSION WHEELS/RIM Other Fasteners Access Springs Eqpt./Load Secure Attachments Disc/Spoke COUPLERS Tie-Downs Sliders

Fifth-Wheel & Mount		Headerboard /		WINDSHIELD	
Pin/Upper Plate		Motorcoach Seats	MIRRORS	Glass	
Pintle-Hook/Eye	/	Other		Wipers	
Safety Chain(s)	9				
REMARKS					
Certification	: This vehic	le has passed all the inspection i	tems for the annual vehicle inspe	ection in accordance with 49 CFR P	art 396.
OLIALIFIED INS	SPECTOR'S SI	GNATHRE		DATE 7-29-24	