

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
55701757	004
DATE 1.15.22	

MOTOR CARRIER OPERATOR <b>ROY SALMON TRUCKING LLC</b>	INSPECTOR'S NAME (PRINT OR TYPE) <b>CARLOS GRAVANTE</b>
ADDRESS <b>P.O. Box 799</b>	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE <b>KANDAHAR TOWN, MD 21133</b>	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input checked="" type="checkbox"/> VIN <input type="checkbox"/> OTHER <b>4V4NC9TG2EN15313</b>
VEHICLE TYPE <input checked="" type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

### VEHICLE COMPONENTS INSPECTED

[illegible]

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