

Trailer Condition Report

Applicant Name: _____ **Application #** _____

VIN#: _____ **Year:** _____

Make: _____ **Model:** _____

Box / Deck

Refrigeration..... Y / N

Make / Model / # Hours: _____

Length: _____

Height: _____

Wooden Deck Y / N Condition: Good / Fair / Poor (circle one)

Aluminum Box Y / N Condition: Good / Fair / Poor (circle one)

Axles

Single / Dual / Triple (circle one)

Weight Capacity _____

Tires

Left Rear _____ % Remaining

Right Rear _____ % Remaining

Left Front _____ % Remaining

Right Front _____ % Remaining

Brakes _____ % Remaining

PHOTOS ATTACHED? YES / NO

Print Name, Title, Company Name

Phone Number

Signature

Date

Signer has personally inspected the subject equipment.

Broker Signature

Date

Broker's signature is required if report not completed by Broker or Broker's Representative.

A FACSIMILE OF THIS REPORT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL.