

# RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

8-11-15

D2136489

|                                                         |                    |                                                                                                                                                                                                  |                     |
|---------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| COMPANY NAME<br><b>BOWMAN Sales + Equip INC</b>         |                    | VEHICLE TYPE<br><input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER<br><input type="checkbox"/> DOLLY |                     |
| STREET ADDRESS<br><b>P.O. Box 857</b>                   |                    | VEHICLE MAKE<br><b>MONO</b>                                                                                                                                                                      | MODEL<br><b>JAN</b> |
| CITY<br><b>Augusta</b>                                  | STATE<br><b>Me</b> | ZIP<br><b>04332-0857</b>                                                                                                                                                                         | YEAR<br><b>2000</b> |
| INSPECTOR'S NAME (Please Print)<br><b>Clark Gregory</b> |                    | VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN)<br><b>1NNVA532XYM326973</b>                                                                                                           |                     |
|                                                         |                    | EMPLOYEE NO.<br><b>90</b>                                                                                                                                                                        |                     |

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

|                     | OK                                  | REPAIR |                   | OK                                  | REPAIR |                    | OK                                  | REPAIR |                       | OK                                  | REPAIR |
|---------------------|-------------------------------------|--------|-------------------|-------------------------------------|--------|--------------------|-------------------------------------|--------|-----------------------|-------------------------------------|--------|
| <b>BRAKES</b>       | <input checked="" type="checkbox"/> |        | <b>EXHAUST</b>    | <input checked="" type="checkbox"/> |        | <b>STEERING</b>    | <input checked="" type="checkbox"/> |        | <b>FRAME</b>          | <input checked="" type="checkbox"/> |        |
| Adjustment          | <input checked="" type="checkbox"/> |        | Leaks             | <input checked="" type="checkbox"/> |        | Adjustment         | <input checked="" type="checkbox"/> |        | Members               | <input checked="" type="checkbox"/> |        |
| Mechan. Compon.     | <input checked="" type="checkbox"/> |        | Placement         | <input checked="" type="checkbox"/> |        | Column/Gear        | <input checked="" type="checkbox"/> |        | Clearance             | <input checked="" type="checkbox"/> |        |
| Drum/Rotor          | <input checked="" type="checkbox"/> |        | <b>LIGHTING</b>   | <input checked="" type="checkbox"/> |        | Axle               | <input checked="" type="checkbox"/> |        |                       | <input checked="" type="checkbox"/> |        |
| Hose/Tubing         | <input checked="" type="checkbox"/> |        | Headlights        | <input checked="" type="checkbox"/> |        | Linkage            | <input checked="" type="checkbox"/> |        | <b>TIRES</b>          | <input checked="" type="checkbox"/> |        |
| Lining              | <input checked="" type="checkbox"/> |        | Tail/Stop         | <input checked="" type="checkbox"/> |        | Power Steering     | <input checked="" type="checkbox"/> |        | Tread                 | <input checked="" type="checkbox"/> |        |
| Low Air Warning     | <input checked="" type="checkbox"/> |        | Clearance/Marker  | <input checked="" type="checkbox"/> |        | Other              | <input checked="" type="checkbox"/> |        | Inflation             | <input checked="" type="checkbox"/> |        |
| Trailer Air Supply  | <input checked="" type="checkbox"/> |        | Identification    | <input checked="" type="checkbox"/> |        | <b>FUEL SYSTEM</b> | <input checked="" type="checkbox"/> |        | Damage                | <input checked="" type="checkbox"/> |        |
| Compressor          | <input checked="" type="checkbox"/> |        | Reflectors        | <input checked="" type="checkbox"/> |        | Tank(s)            | <input checked="" type="checkbox"/> |        | Other                 | <input checked="" type="checkbox"/> |        |
| Parking Brakes      | <input checked="" type="checkbox"/> |        | Other             | <input checked="" type="checkbox"/> |        | Lines              | <input checked="" type="checkbox"/> |        |                       | <input checked="" type="checkbox"/> |        |
| Other               | <input checked="" type="checkbox"/> |        |                   | <input checked="" type="checkbox"/> |        |                    | <input checked="" type="checkbox"/> |        | <b>WHEELS/RIM</b>     | <input checked="" type="checkbox"/> |        |
|                     | <input checked="" type="checkbox"/> |        | <b>CAB/BODY</b>   | <input checked="" type="checkbox"/> |        | <b>SUSPENSION</b>  | <input checked="" type="checkbox"/> |        | Fasteners             | <input checked="" type="checkbox"/> |        |
| <b>COUPLERS</b>     | <input checked="" type="checkbox"/> |        | Access            | <input checked="" type="checkbox"/> |        | Springs            | <input checked="" type="checkbox"/> |        | Disc/Spoke            | <input checked="" type="checkbox"/> |        |
| Fifth-Wheel & Mount | <input checked="" type="checkbox"/> |        | Eqpt./Load Secure | <input checked="" type="checkbox"/> |        | Attachments        | <input checked="" type="checkbox"/> |        |                       | <input checked="" type="checkbox"/> |        |
| Pin/Upper Plate     | <input checked="" type="checkbox"/> |        | Tie-Downs         | <input checked="" type="checkbox"/> |        | Sliders            | <input checked="" type="checkbox"/> |        | <b>WINDSHIELD</b>     | <input checked="" type="checkbox"/> |        |
| Pintle-Hook/Eye     | <input checked="" type="checkbox"/> |        | Headerboard       | <input checked="" type="checkbox"/> |        |                    | <input checked="" type="checkbox"/> |        |                       | <input checked="" type="checkbox"/> |        |
| Safety Chain(s)     | <input checked="" type="checkbox"/> |        | Other             | <input checked="" type="checkbox"/> |        | <b>MIRRORS</b>     | <input checked="" type="checkbox"/> |        | <b>WINDSHLD. WIP.</b> | <input checked="" type="checkbox"/> |        |
|                     | <input checked="" type="checkbox"/> |        |                   | <input checked="" type="checkbox"/> |        |                    | <input checked="" type="checkbox"/> |        |                       | <input checked="" type="checkbox"/> |        |

REMARKS

C 214 / 126242 BOWMAN #

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

*[Signature]*

DATE

8-11-15

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2402) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT AND/OR ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

BRACES  
8 10  
6 6

TIRES  
10/100 7/100 10/100 8/100  
10/100 10/100 7/100 4/100