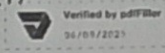


Annual Vehicle Inspection Report

Name and Address of Inspecting Company or Agency CITY TRUCK AND TIRE REPAIR INC 2205 S 88TH ST KANSAS CITY KS 66111					
Registered Owner's Name ICD Freight Inc		Date 01/23/2025	Time		
Street		Certified Inspector's Name (Print or Type) TIRATH SINGH			
City, State, Zip Code		The signing of this inspection report certifies that the technician meets and exceeds all requirements of 49 CFR §396.17 and compatible state regulations and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.17			
Motor Carrier Operating Vehicle (If different from Owner)					
Street					
City, State, Zip Code					
License Plate Number/State 5184542		Vehicle Identification Number RM416041	Vehicle Make Vanquard	Vehicle Model Dry Van	Model Year



Technician's Signature *tirath singh*

Vehicle Components Inspected

OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item	OK	Need Repair	Repair Date	Item
X			1. BRAKE SYSTEM	X			5. FUEL SYSTEM	X			10. SUSPENSION
X			Adjustment	X			Visible Leaks	X			Springs (cracked/broken/worn)
X			Drums or Rotors	X			Fill Caps in place/intact	X			U-bolts, Hangers, etc.
X			Hoses and/or Tubing	X			Tank(s) securely attached	X			Torque, Radius, Tracking Arms
			Lining	X			6. LIGHTING DEVICES	X			11. FRAME
			Warning (Low Pressure)				Headlamps	X			Frame Members
			Tractor Protection Valve				Front Turn Signals	X			Tire & Wheel Clearance
			Air Compressor	X			Front ID/Clearance Lamps	X			Sliding Subframe (adj. axle)
			Service Brakes	X			Side Marker Lamps - Left	X			12. TIRES
			Parking Brakes	X			Side Marker Lamps - Right				Steering Axle Tires - Condition
			Electric Brakes	X			Rear Turn Signals				Steering Tires - over 4/32" tread
			Hydraulic Brakes	X			Stop Lamps	X			Other Tires - Condition
			Vacuum Brakes	X			Tail Lamps	X			Other Tires - over 2/32" tread
			Warning (Sys Failure)	X			Rear ID/Clearance Lamps	X			13. WHEELS & RIMS
			2. STEERING SYSTEM	X			Reflectors / Ref Tape				Lock/Slide Ring
			Free Play (Lash)				7. COUPLING DEVICES	X			Fasteners
			Steering Column				5 TH Wheel	X			Disk/Spoke Condition
			Front Axle Beam				Pintle Hooks	X			Welds
			Steering Gear Box				Drawbar Eye				List any other condition which may affect safe vehicle operation
			Pittman Arm				Drawbar Tongue				
			Ball & Socket Joints	X			Safety Devices				
			Tie Rods & Drag Links				8. EXHAUST SYSTEM				
			Nuts, Bolts, Fasteners				Leaks				
			Power Steering Fluid				Placement				
			3. WINDSHIELDS	X			9. SAFE LOADING				
			4. WIPERS				Securement Devices				

MARK COLUMNS AS FOLLOWS: **x** = OK; **o** = Needs repair; **NA** = Does not apply; Fill in Repair date as appropriate

I CERTIFY THE ANNUAL VEHICLE INSPECTION HAS BEEN DONE ACCURATELY AND COMPLETELY. I FURTHER CERTIFY THAT THIS INSPECTION COMPLIES WITH THE REQUIREMENTS OF 49 CFR §396.21.

This information must be available on board the vehicle, either as a copy of this report, or on a decal that complies with 49 CFR §396.17(c)(2). This report must be kept a minimum of fourteen months from date of completion

Certified Inspector's Signature: *tirath singh*

Date: 01/23/2025

