

FREIGHT TRAILER OR FREIGHT SEMITRAILER
 PREVENTIVE MAINTENANCE REPORT
 (MD TR §§ 23-301 - 23-305; COMAR 11.22; FMCSR § 396.17)

Owner's Name _____ Address _____
 Telephone () _____ Fax () _____
 Make _____ Model _____ Year _____
 Company Name _____ Tag Number _____
 Manufacturer's Vehicle ID Number (VIN) _____

Title Number _____

COMAR 11.22.04	Components	Passed	Failed	Date Repaired*
.02	Alignment			
.03	Suspension			
.04	Brake Systems - Hydraulic/Vacuum			
.05	Brake System - Air			
.06	Tires			
.07	Wheels, Rims, Lock Rings, Studs, and Nuts			
.08	Vehicle Frame, Body, and Sheet Metal			
.09	Lighting			
.10	Electrical System			
.11	Hitches and Coupling Devices			
.12	Tanks and Pressure Vessels			

Inspected: (a) Date _____ (b) Vehicle Mileage: _____
 Inspected By (Print) _____ Repaired by (Print) _____
 Certified By (Print) _____ (Signature)
 (Owner or authorized representative)

** Provide description of repairs and parts used on reverse side of this form.*