



Trailer Condition Report

Applicant Name:
VIN #:
Year:
Make:
Model:

Please provide the information requested below:

Box/ Deck

Refridgeration: Yes NO
Make:
Model:
Hours:
Length:
Height:
Wooden Deck: Yes NO
Aluminum Box: Yes NO

Axles

Single Dual
Weight Capacity:

Tires:

Left Rear: % Remaining
Right Rear: % Remaining
Left Front: % Remaining
Right Rear: % Remaining

Brakes

% Remaining

PHOTOS ATTACHED: YES NO

Signature: _____

Date: _____

Signer has personally inspected the subject equipment

Broker Signature: _____

Date: _____

REQUIRED IF REPORT NOT COMPLETED BY BROKER OR BROKER'S REPRESENTATIVE.

AN ELECTRONIC COPY OF THIS DOCUMENT SHALL BE CONSIDERED TO BE AN ORIGINAL