

State of Maryland Motor Vehicle Inspection Report

OWNER / AGENT _____ STATION NAME _____
 ADDRESS _____ STATION NO. _____
 DATE _____ PHONE NO. _____
 V.I.N. _____ MAKE _____ MODEL _____ YEAR _____

(02) - HITCHES			
	P	F	R
Coupling Device			
Safety Chains			
5th Wheel King Pin			

(03) - SUSPENSION			
	P	F	R
Frame			
Wheel Bearings			
Springs			
Air Suspension			
Shock Absorbers			
Alignment			

(04) - BRAKES			
	P	F	R
*Drums			
*Discs			
*Linings			
*Pads			
Mech. Linkage			
Hydraulic System			
Air Brake Leakage			
Vacuum System			
Actuator Reserve			
Push Rod Stroke			
Wedge Brake			
Slack Adjuster Angle			
Electric Brakes			

(04 I) - EMERGENCY BRAKES			
	P	F	R
Air / Vacuum			
Electric			
Hydraulic Surge			

(05) - TIRES			
	P	F	R
Axle #1 L/R In/Out			
Axle #2 L/R In/Out			
Axle #3 L/R In/Out			

(05 B) - WHEELS			
	P	F	R
Axle #1 L/R			
Axle #2 L/R			
Axle #3 L/R			

(06) - REAR METAL FRAME			
	P	F	R

(07) - REAR WHEEL FLAPS			
	P	F	R

(08) - FENDERS			
	P	F	R
Left / Right			

(09) - LIGHTING			
	P	F	R
Turn Signals			
Stop Lamps			
Tail Lamp(s)			
Tag Lamp			
Rear Reflectors			
Side Marker Lamps			
Side Reflectors			
Clearance Lamps			
Identification Lamps			

(10) - ELECTRICAL			
	P	F	R
Wiring			
Connections			

REQUIRED READINGS DRUMS OR DISCS	
L	R
Axle #1	
Axle #2	
Axle #3	

LININGS OR PADS	
L	R
Axle #1	
Axle #2	
Axle #3	

ADDITIONAL COMMENTS

* = REQUIRED READINGS

INSPECTOR: _____ WORK ORDER NO. _____
 REINSPECTION OF DEFECTS ONLY IF RETURNED WITHIN 30 DAYS AND WITHIN 1,000 MILES AND A PRORATED INSPECTION FEE
 MAY BE CHARGED. APPOINTMENTS FOR REINSPECTION MUST BE MADE AT LEAST 3 WORKING DAYS IN ADVANCE.

P = PASSED F = FAILED R = REPAIRED