Admiral Merchants Motor Freight

Trailer
Quarterly Maintenance Report

Due by: The 15th of the month following the end of each quarter

Current Year _____ ☐ **1st Quarter: Jan. 1 - Mar. 31** ☐ **2nd Quarter: Apr. 1 - Jun. 30**

☐ **3rd Quarter: July 1 - Sep. 30** ☐ **4th Quarter: Oct. 1- Dec. 31**

AMMF Trailer #: _____ Owner: _____ Driver: _____

Year: _____ Make: _____ VIN #: _____ License Plate #: _____
(Last 6 Digits) **(Include number and state issue)**

Date	Work Done By	Description of Work Performed	Comments
		☐ Grease	
		☐ Grease ☐ Grease	
		☐ Brakes ☐ Adjust	
		☐ Replace	
		☐ Tire Size:	

In compliance with DOT regulations, I do hereby certify that this is a true and complete record of maintenance and care of the above described equipment for the quarter indicated.

Signed:_____ **Date:** _____ **Number of pages**_____

*** **Provide copies of ALL repair receipts*****

E-mail to: safety@ammf.com (pdf format) or Fax to: 1-888-606-9362 or Transflo

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