



# Truck Inspection Form

Truck Type \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 Serial/VIN number \_\_\_\_\_ Odometer reading \_\_\_\_\_ miles hours \_\_\_\_\_

Engine Information	Transmission Information	Suspension
Make _____	Type _____	Type _____
Model _____	Make//model _____	GVWR _____ lbs.
Rated Horsepower _____	# forward gears ___ reverse gears ___	Wheelbase _____ in. # of rear axles ___
Rebuild? YES NO Hours since _____	Rebuild? YES NO Hours since _____	Front Axle rating _____ lbs.
If rebuilt was it documented? YES NO	If rebuilt was it documented? YES NO	Rear Axle rating _____ lbs.

Miscellaneous	Tire Information
Wet kit? YES NO Air ride cab? YES NO	Type _____
Differential lock? YES NO Headache rack? YES NO	Size _____
Double frame? YES NO	Number of plies ___ Super Singles? YES NO
Wheel type (ex. aluminum, steel) _____	Percentage remaining ___% Tread depth _____
	Notes: _____

Specific details	(continued)
<b>Dump Truck</b>	Hydraulic rear gate? YES NO Bed liner? YES NO Electric tarp? YES NO Capacity _____ cu. yd.
<b>Cranes/Booms</b>	Make _____ Model _____ Capacity _____ Boom length _____ ft Reach _____ ft
<b>Box Truck</b>	Lift gate? YES NO Rear door type _____ Side door? YES NO Refrigerated? YES NO
<b>Tank Truck</b>	Capacity _____ gal. Content type (ex. liquid, gas) _____ Annual Certification current? YES NO
<b>Service Truck</b>	Air compressor? YES NO Welding machine? YES NO # of toolboxes ___ Fuel/lube tank? YES NO
<b>Sleeper</b>	Type (ex. raised roof) _____ Microwave? YES NO Refrigerator? YES NO TV? YES NO
<b>Interior Options</b>	Air ride seat? YES NO Heated mirrors? YES NO Power door locks? YES NO Power Mirrors? YES NO
<b>Bed/Box Specs</b>	Length _____ Width _____ Height (box/dump beds) _____ Floor/bed type _____

Additional notes: List other features, options, attachments or specs not listed above

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Does the unit operate as it should? Yes \_\_\_ No \_\_\_

Is the Seller aware of any problems or issues with the unit? Yes \_\_\_ No \_\_\_

List any and all known Problems or Issues

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Does it have a bank lien? Yes \_\_\_ No \_\_\_ Estimated balance? \_\_\_\_\_

Seller's Name \_\_\_\_\_

Sellers Company name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Seller's minimum cost \$ \_\_\_\_\_

Date \_\_\_\_\_

