IN ☐ EMPTY ☐

OUT ☐ FULL ☐

# TRAILER INTERCHANGE RECEIPT AND SAFETY INSPECTION REPORT/REPAIR ESTIMATE

| DATE | O'CLOCK AM ☐ PM ☐ | POINT OF INTERCHANGE | BOOKING NO. |
|---|---|---|---|

| ACQUIRING OR RETURNING CARRIER (DELETE ONE) | CARRIER CODE | LICENSE AND STATE |
|---|---|---|

| CUSTOMER OR LINE | (CITY) | (STATE) |
|---|---|---|

EQUIPMENT INFORMATION

| CONTAINER NO. | TYPE | CHASSIS NO. | GEN SET NO. | FUEL 1/4 - 1/2 - 3/4 - FULL |
|---|---|---|---|---|
| | | | | |

| DAMAGE/REPAIR REMARKS | HRS. | MATERIAL COST |
|---|---|---|
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| TIRES | DAMAGE | STATE | EXP. | REG | | |
|---|---|---|---|---|---|---|
| L.F.O. | | | | | TRUCKING | |
| L.F.I. | | LIC.# | | | STEAM CLEAN | |
| L.R.O. | | | | | | |
| L.R.I. | | FHWA _____ EXP. DATE _____ | | | LABOR COST | |
| R.F.O. | | | | | TOTAL MAT. | |
| R.F.I. | | | | | | |
| R.R.O. | | | | | | |
| R.R.I. | | | | | SALES TAX | |
| | | | | | TOTAL | |

I HEREBY CERTIFY THAT ON THE DATE STATED FIRST ABOVE I CAREFULLY INSPECTED THE EQUIPMENT DESCRIBED ABOVE: THAT THIS IS A TRUE AND CORRECT REPORT OF THE RESULTS OF SUCH INSPECTION: AND THAT POSSESSION OF SUCH EQUIPMENT WAS TAKEN ON BEHALF OF THE CARRIER AT THE PLACE AND DATE FIRST INDICATED ABOVE.

BY _____

CARRIER _____