Transport Designs, Inc.

MONTHLY MAINTENANCE RECORD

Month of:_____

Tractor _____ Mileage: _____

Owner's Name:_____ Phone # _____

_____

Address City State Zip

Description / Type of Service Performed	Vendor	Self

Use Back For More Space If Needed

This is to certify that the equipment indicated above is systematically repaired, maintained and lubricated pursuant to the requirement established (Regulations 396.3 and 396.6) by the US Department of Transportation.

Signed:_____