ASAP
Express & Logistics

TRACTOR MONTHLY MAINTENANCE REPORT

Month	Unit Number	Driver's Name

IN COMPLIANCE WITH D.O.T. REGULATIONS CONCERNING THE INSPECTION, MAINTENANCE AND CARE OF EQUIPMENT, I DO HEREBY STATE AND AFFIRM THAT THE FOLLOWING WORK WAS DONE TO MY TRUCK-TRACTOR DURING _____ 20

Tractor No. Serial No. License No.

Tire Size Make Model Year

DATE	ODOMETER	DESCRIPTION	DUE

I DO HEREBY CERTIFY THAT THIS IS A TRUE AND COMPLETE RECORD OF MAINTENANCE AND CARE OF THE DESCRIBED UNIT FOR THE MONTH INDICATED.

Signed _____ Date _____

Form: D-5 09/25/2001