

TRAILER INSPECTION FORM

Inspection Location: _____ Inspection Time: _____

Trailer Information:

Make: _____ Model: _____

Year: _____ VIN / Serial Number: _____

License Plate No.: _____

Owner Information:

Full Name: _____

Address: _____

Phone/Email: _____

Trailer Dimensions and Capacity:

Length (ft): _____ Width (ft): _____

Gross Vehicle Weight Rating (GVWR): _____

Axle Count: _____ Tire Size: _____

Inspection Checklist:

1. Frame and Structure: No cracks, bends, or corrosion.
2. Lights and Wiring: All lights operational and wiring intact.
3. Brakes: Proper function and adjustment.
4. Tires: Adequate tread depth and no damage.
5. Wheels and Rims: No cracks or distortion.
6. Suspension: Springs and shackles secure and undamaged.
7. Coupler and Hitch: Operative and free from damage.
8. Safety Chains: Present and properly attached.
9. Reflectors and Markings: Visible and compliant.
10. Floor and Decking: No rot, holes, or damage.
11. Load Securement Devices: Present and functional.
12. License Plate: Current and securely mounted.
13. Registration and Titles: Verified and in order.

Inspection Notes:

OWNER'S SIGNATURE

INSPECTOR'S SIGNATURE

Signature: _____

Signature: _____

This Trailer Inspection Form reflects the condition of the trailer at the time of inspection. The inspection is a visual and functional assessment only and does not guarantee future performance or condition. This document is intended for use under United States law and is enforceable to the extent permitted therein. The inspector and owner agree that the inspection is performed in good faith but do not warrant or guarantee the trailer beyond this inspection. The owner agrees to hold the inspector harmless from any claims arising from the use of this inspection form except in cases of gross negligence or willful misconduct.

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