

TRUCK CERTIFICATION FORM

MAKE / MODEL	YEAR	COLOR	TAG #	VIN
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TRUCK PHOTO	HAUL PHOTO
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TRUCK MEASUREMENTS

PERFORMED BY (name)	DATE / TIME
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VOLUME CALCULATED BY (name)	DATE / TIME
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CHECKED BY	DATE / TIME
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DRIVER NAME	DRIVER ADDRESS	PHONE
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TRUCK FEATURES

<input type="checkbox"/> Hand-Loaded <input type="checkbox"/> Mechanically Loaded <input type="checkbox"/> Tarp System <input type="checkbox"/> Bed Liner	<input type="checkbox"/> Hoist <input type="checkbox"/> Lift <input type="checkbox"/> Compaction <input type="checkbox"/> Solid Tailgate <input type="checkbox"/> Other (specify) _____
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ADDITIONAL PHOTOS

