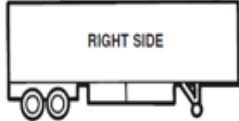
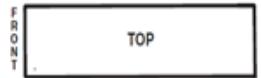


ALTERNATIVE HAULING FORM

DATE M/D/Y:	CARRIER:
REGISTRATION#:	TRAILER #:
SHIPPERS NAME (F/L):	

 <input type="checkbox"/> OK REMARKS	 <input type="checkbox"/> OK REMARKS	 <input type="checkbox"/> OK REMARKS
 <input type="checkbox"/> OK REMARKS	 <input type="checkbox"/> OK REMARKS	 <input type="checkbox"/> OK REMARKS

CLEARLY MARK ALL DAMAGE OR DEFICIENCY FOUND USING THE APPROPRIATE INSPECTION SYMBOL

B - BENT
 BR - BROKEN
 H - HOLE
 F - FLAT
 O - BURNED OUT
 _ - OTHER
 C - CUT
 D - DENTED
 M - MISSING
 S - SCRAPED
 T - TORN
 L - LEAKING
 N - TEMPORARY REPAIRS
 P - PERMANENT REPAIRS

Note: Not inspecting or incomplete inspections could result in your Agency being held liable for missing equipment or damaged trailers.

EQUIPMENT AT LOADING	Carrier Provided	Agent Provided	Atlas Provided
PADS			
STRAPS			
WALK-BOARDS			
PLYWOOD			
BARS			
OTHER			
SIGN & DATE:			

EQUIPMENT AFTER DELIVERY	Carrier Provided	Agent Provided (to be removed)	Atlas Provided (to be removed)
PADS			
STRAPS			
WALK-BOARDS			
PLYWOOD			
BARS			
OTHER			
SIGN & DATE:			

LOAD COMPLETE - AGENT SIGNATURE _____

DELIVERY COMPLETE - AGENT SIGNATURE _____