DESCRIBED ABOVE.

Certified Inspector Signature

Date



STEP DEUL #2

Authorization Code: DLJ7VA2X09E3V

Recall information details can be found by visiting the National Highway Traffic Safety Administration's website at www.nhtsa.gov or calling the Vehicle Safety Hotline at 1-888-327-4236.

PLEASE RETAIN FOR YOUR RECORDS
Federal Motor Carrier Safety Regulation Compliance

I have performed the annual in criteria set forth in 49C.F.R. C	nspection of the referenced vehicle, whi hapter 396.17 through 396.21	ich is accurate, complete and in acco	ordance with the inspection
Overall Result:	Pass	Fees	
		Inspection Fee:	\$40.00
Test Date/Time:	02/07/2025 03:17 PM	Repair Cost:	\$0.00
Inspection Class:	CDEC	Total:	\$40.00
Inspection Exp Date:	2/28/2026	Total	
Vehicle Information		Station Information	
VIN:	1TTE5120151075306	Station #:	2P04148
License Number:	TX 022B146	Station Name:	ALLGAYERS BIG RED, LL
Registration County:	WHARTON	Station Address:	1250 E JACKSOI
Vehicle Type:	Trailer		EL CAMPO, TX 7743
Year:	2005	Inspector Name:	GILBERTO VEL
Make:	TRANSCRAFT		
Model:	D-EAGLE	Inspection Information	
Fuel Type:	None (e.g. trailer)		on the state of th
Odometer Reading:		Inspection Type:	COMMERCIAL/DECA
Insurance Exp:	09/05/2025	Test Type:	INITIA
Insurance Mileage Exp:		Affidavit Type:	

I CERTIFY THAT I HAVE PROPERLY PERFORMED THE VEHICLE INSPECTION ACCORDING TO THE STATE REGULATIONS AND PROCEDURE MANUALS, AND AS THE UNDERSIGNED DULY APPOINTED INSPECTOR, HEREBY CERTIFY THAT I HAVE PHYSICALLY EXAMINED THE MANUFACTURER'S VEHICLE IDENTIFICATION NUMBER OF THE MOTOR VEHICLE