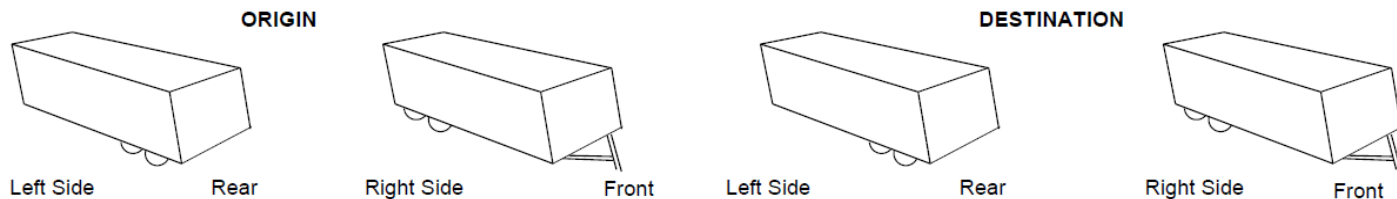


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|--|--|--|------------------|---|--|---|--|------------------------|--|----------------|--|-----------|--|
| MOBILE HOME INSPECTION RECORD | | | | | | 1. DATE (DDMMYYYYY) | | | | | | | |
| PRIVACY ACT STATEMENT | | | | | | | | | | | | | |
| AUTHORITY: JTR Ch 1-6 & Appendixes, DTR 4500.9-R, and E.O. 9397. PRINCIPAL PURPOSE(S): To document inspection of Mobile Homes and account for any violations of the Service Provider's (SP) agreement; and to act as supporting documentation for any action arising from a SP's service Provider's unsatisfactory performance. ROUTINE USE(S): Information contained in this system of records may be provided to a Service Provider in the course of adjudication or other action taken for unsatisfactory performance reasons. DISCLOSURE: Voluntary; however, failure to provide the requested information may delay settlement of a claim. | | | | | | | | | | | | | |
| PART I - SHIPMENT IDENTIFICATION | | | | | | | | | | | | | |
| 2a. NAME OF SERVICE PROVIDER (SP) | | | | | | 2b. BILL OF LADING NUMBER/MOVE TASK ORDER (To be completed by SP at origin.) | | | | | | | |
| 3a. NAME OF CUSTOMER | | | | | | 3b. RANK/GRADE | | | | | | | |
| 4a. ORIGIN SHIPPING OFFICE | | | 4b. GBLOC | | 5a. DESTINATION SHIPPING OFFICE | | | 5b. GBLOC | | | | | |
| 4c. ORIGIN ADDRESS (Include city, state and zip code.) | | | | | 5c. DESTINATION ADDRESS (Include city, state and zip code.) | | | | | | | | |
| PART II – MOBILE HOME SPECIFICATIONS | | | | | | | | | | | | | |
| 6a. MAKE | | | | 7. TIRES (To be completed by the SP at origin) | | | | | | | | | |
| | | | | (1) SIZE | | (2) PLY RATING | | (3) MFR SERIAL NO. | | (4) *CONDITION | | | |
| | | | | | | | | | | | | | |
| 6b. MODEL | | | | 8. DIMENSIONS (Actual) | | 7b. LEFT 2 | | | | | | | |
| | | | | (1) FEET & INCHES (2) EXPANDO | | 7c. LEFT 3 | | | | | | | |
| | | | | 8a. HEIGHT | | 7d. LEFT 4 | | | | | | | |
| | | | | | | 7e. RIGHT 1 | | | | | | | |
| 6c. SERIAL NUMBER | | | | 8b. LENGTH | | 7f. RIGHT 2 | | | | | | | |
| | | | | 8c. WIDTH | | 7g. RIGHT 3 | | | | | | | |
| | | | | | | 7h. RIGHT 4 | | | | | | | |
| | | | | | | | | | | | | | |
| *CONDITION: G - GOOD; F - FAIR; P - POOR | | | | | | | | | | | | | |
| PART III - INSPECTION | | | | | | | | | | | | | |
| 9. ORIGIN INSPECTION COLUMN - complete ONLY when a visual inspection of the Mobile Home is made at origin by the SP or the TO. DESTINATION INSPECTION COLUMN - complete ONLY when a visual inspection of the Mobile Home is made at destination by the SP or the TO. | | | | | | (1) ORIGIN | | (2) DESTINATION | | | | | |
| | | | | | | (a) SP | | (b) TO | | (a) SP | | (b) TO | |
| | | | | | | YES NO | | YES NO | | YES NO | | YES NO | |
| 9a. Was the Mobile Home unblocked? | | | | | | | | | | | | | |
| 9b. Do springs have adequate/normal arch? | | | | | | | | | | | | | |
| 9c. Is there a minimum 3-inch clearance over each tire? | | | | | | | | | | | | | |
| 9d. Does Mobile Home appear to be overloaded? | | | | | | | | | | | | | |
| 9e. Do structural members, including A-Frame, appear sound - no damage? | | | | | | | | | | | | | |
| 9f. Are all visible frame to body attachments/bolt connections in place and unbroken? | | | | | | | | | | | | | |
| 9g. Does exterior paneling/molding appear to be tight and secure? | | | | | | | | | | | | | |
| 9h. Are brake and clearance lights and turn signals operable at time of hook up? | | | | | | | | | | | | | |
| 9i. Does member acknowledge that wheel bearings have been packed within the last 90 days? | | | | | | | | | | | | | |
| 9j. Is Mobile Home equipped with operable brakes at time of hook up? | | | | | | | | | | | | | |
| 9k. Are wheel lugs tight? | | | | | | | | | | | | | |
| 9l. Does member acknowledge that plumbing has been drained and protected from freezing? | | | | | | | | | | | | | |
| 9m. Does member acknowledge that all appliances/utilities have been serviced? | | | | | | | | | | | | | |
| 9n. Have attached items been detached and stowed inside (TV antenna, air conditioner, etc.)? | | | | | | | | | | | | | |
| 9o. Are all fixtures which cannot be removed anchored securely? | | | | | | | | | | | | | |
| 9p. Have all utilities been disconnected and secured? | | | | | | | | | | | | | |
| 9q. Does member acknowledge that all prohibited items have been removed? | | | | | | | | | | | | | |
| 9r. Does member acknowledge that all loose items/accessories in closets/cabinets have been properly packed and secured? | | | | | | | | | | | | | |
| 9s. Have loose furniture and heavy movable items been secured above and forward of axles? | | | | | | | | | | | | | |
| 9t. Are drawers, cabinets, and sliding doors secured or taped? | | | | | | | | | | | | | |
| 9u. Are mirrors, windows and other glass cross (X) taped? | | | | | | | | | | | | | |
| 9v. Is Mobile Home equipped with valid license or permit? | | | | | | | | | | | | | |
| 9w. Are interior contents properly inventoried and inventory provided to carrier? | | | | | | | | | | | | | |
| 9x. Does the Mobile Home meet the transportation safety standards of destination and intermediate states? | | | | | | | | | | | | | |
| 9y. Do exterior doors lock? Have keys been given to the SP? | | | | | | | | | | | | | |

10. GENERAL CONDITION. Record degree and precise location of any apparent damage at origin or destination to the Mobile Home equipment (fixed or installed), including interior and exterior surface such as dented panels, loose or missing trim, broken windows, scratched or marred surfaces, etc. USE DIAGRAM TO ILLUSTRATE DAMAGES. Use the illustrated codes to indicate origin/destination damage and who performed inspection. If no damage exists, indicate NONE.

NOTE: MARK "X" = TO / REPRESENTATIVE
"O" = SP



11. REPORT OF DAMAGES INDICATED. (Condition of Mobile Home and fixtures at "ORIGIN" and "DESTINATION" is as described above.)

| | | | | | |
|---|--|--|--|---|--|
| 12. ORIGIN TO/INSPECTOR (If applicable) TYPED OR PRINTED NAME (Last, First, Middle Initial) | | 13a. ORIGIN TO/REPRESENTATIVE SIGNATURE | | 13b. DATE (DDMMYYYY) | |
| 14a. ORIGIN SP REPRESENTATIVE SIGNATURE | | 14b. DATE (DDMMYYYY) | | 15a. ORIGIN CUSTOMER/AGENT SIGNATURE | |
| 15b. DATE (DDMMYYYY) | | 16. DESTINATION TO/INSPECTOR (If applicable) TYPED OR PRINTED NAME (Last, First, Middle Initial) | | 17a. DESTINATION TO/REPRESENTATIVE SIGNATURE | |
| 17b. DATE (DDMMYYYY) | | 18a. DESTINATION SP REPRESENTATIVE SIGNATURE | | 18b. DATE (DDMMYYYY) | |
| 19a. DESTINATION CUSTOMER/AGENT SIGNATURE | | 19b. DATE (DDMMYYYY) | | | |

20. CUSTOMER EXCEPTIONS. *(Recommend detailed description(s) of each exception if they do not agree with SP.)*