TRAILER INSPECTION FORM

[Any Arkansas certified law enforcement officer is authorized to examine the vehicle noted below and sign the inspection form. A separate form must be used for each tow vehicle.]

CONSENT ONLY

Firm _______________________________ City _______________________________

Make _______________________________ Model _______________________________

VIN Number __________________________ Tag Number __________________________

Please write Y- Yes or N -No or N/A -Not Applicable for each safety item listed below.

☐ Fire Extinguisher, ABC Type of at least a nine (9) pound capacity. [Two 4.5 pound extinguishers are acceptable]

☐ Ability to attach Tail, Turn and Stop Lights to the rear of the towed vehicle for visibility when towing.

☐ Safety Chains or Straps to secure a vehicle to the tow vehicle.

☐ Flares, Reflective Cones or Triangle Safety Signals or other similar safety devices.

☐ Tow Business Name and Phone Number, permanently affixed [paint or decal] on each side of the trailer.

☐ Winch(s) on Tow Vehicles used for recovery and/or hoisting and carrying a vehicle during transport shall have a minimum capacity of (L) 8,000 pounds and minimum cable size of 3/8” in diameter. Winch capacity and cable size shall increase proportionally with Gross Vehicle Weight Ratings.

INSPECTION Date: __________________________ Time: ________AM/PM Location: __________________________

Inspecting Officer: __________________________ Badge Number: __________________________

Officer Signature: __________________________ Agency __________________________

Owner Signature: __________________________ Date __________________________

By signing this form as owner and/or operator of the equipment described above I certify that the trailer, dolly or other separately hitched equipment will be used in a safe and competent manner at all times.

Minimum Requirements: Refer to Rule 7 of Rules & Regulations; ACA §27-50-1201 et seq.