



Independent Contractor Monthly Maintenance Report

IC Name: _____

Month/Year: _____

Date	Truck #	Trailer #	DOT Inspection Related?	Description of Maintenance/Repair/Service	Location of Maintenance/Repair/Service
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
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			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

*Note 1: All maintenance must be listed on this form when any Maintenance/Repair/Service is completed.

**Note 2: DOT Inspection Maintenance/Repair/Service documentation must be attached to this form.

***Note 3: Independent Contractors as required by FMCSR § 396 must forward all inspection and maintenance records on a monthly basis, for the Equipment they operate, by the 15th of the month following the month the service was performed.