



**HEAVY VEHICLE & EQUIPMENT SERVICE QUESTIONNAIRE**

Business Trade Name \_\_\_\_\_

1. What percentage of applicant's work is on?

- |   |         |  |         |
|---|---------|--|---------|
| <input type="checkbox"/> Boom Trucks/ Bucket Trucks | _____ % | <input type="checkbox"/> Construction Equipment      | _____ % |
| <input type="checkbox"/> Logging Trucks/ Equipment  | _____ % | <input type="checkbox"/> Buses                       | _____ % |
| <input type="checkbox"/> Cranes                     | _____ % | <input type="checkbox"/> Snow Plows                  | _____ % |
| <input type="checkbox"/> Emergency Vehicles         | _____ % | <input type="checkbox"/> Lawn/Tree Service Equipment | _____ % |
| <input type="checkbox"/> Truck Tractors             | _____ % | <input type="checkbox"/> Crushers                    | _____ % |
| <input type="checkbox"/> Semi-Trailers              | _____ % | <input type="checkbox"/> Military Vehicles           | _____ % |
| <input type="checkbox"/> Refrigerated Vans/Trailers | _____ % | <input type="checkbox"/> Municipal Vehicles          | _____ % |
| <input type="checkbox"/> Tank Trailers              | _____ % |  |         |
| <input type="checkbox"/> Farm Equipment             | _____ % |  |         |
| <input type="checkbox"/> Farm Implements            | _____ % |  |         |

2. What percentage of applicant's work is performed at?

- |  |         |
|--|---------|
| <input type="checkbox"/> Your shop             | _____ % |
| <input type="checkbox"/> Customer's Yard       | _____ % |
| <input type="checkbox"/> Truck & Travel Center | _____ % |
| <input type="checkbox"/> Roadside              | _____ % |

3. What percentage of applicant's work is?

- |   |         |                   |
|---|---------|-------------------|
| <input type="checkbox"/> Body & Paint                 | _____ % |                   |
| <input type="checkbox"/> Brakes                       | _____ % |                   |
| <input type="checkbox"/> Engine Overhaul              | _____ % |                   |
| <input type="checkbox"/> Fabrication                  | _____ % | Answer Question 8 |
| <input type="checkbox"/> FMCSA Safety Inspection      | _____ % | Answer Question 9 |
| <input type="checkbox"/> Hydraulics                   | _____ % |                   |
| <input type="checkbox"/> Lube & Oil                   | _____ % |                   |
| <input type="checkbox"/> Power Train                  | _____ % |                   |
| <input type="checkbox"/> Radiator                     | _____ % |                   |
| <input type="checkbox"/> Refrigeration Unit (Trailer) | _____ % |                   |
| <input type="checkbox"/> Repair Tank Trlrs (External) | _____ % |                   |
| <input type="checkbox"/> Subcontracted out to others  | _____ % |                   |
| <input type="checkbox"/> Suspension/Frame             | _____ % |                   |
| <input type="checkbox"/> Tank Cleaning (Internal)     | _____ % |                   |
| <input type="checkbox"/> Tire Repair or Replacement   | _____ % |                   |
| <input type="checkbox"/> Tune Up                      | _____ % |                   |
| <input type="checkbox"/> Wash & Detail                | _____ % |                   |

4. Does applicant install, service or repair 5<sup>th</sup> Wheels?  Yes  No  
If yes, what are the qualifications of the employees doing this work?  
 \_\_\_\_\_

5. Does applicant make structural modifications to vehicles?  Yes  No  
If yes, describe in detail  
 \_\_\_\_\_

6. Are you and/or your mechanics ASE Certified?  Yes  No  
If No, how many years of training and experience do you require?  
 \_\_\_\_\_

7. Do you test drive extra-heavy trucks, truck tractors and semi-trailers away from garage premises on public roadways?  Yes  No

If yes, are drivers appropriately licensed (CDL)?  Yes  No

8. What parts, equipment, and accessories do you fabricate?

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9. If applicant does FMCSA annual vehicle safety inspections, answer the following:

a] Does Inspector understand the FMCSA inspection criteria? . . . . .  Yes  No

b] Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection? . . . . .  Yes  No

c] Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections? . . . . .  Yes  No

d] Does Inspector have at least one year of training and/or experience consisting of:

- participation in a manufacturer sponsored training program; or
- experience as a mechanic or inspector:
  - 1] in a motor carrier maintenance program; or
  - 2] in a commercial garage; or
  - 3] for a State or Federal government? . . . . .  Yes  No

\* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* Not applicable in all states

Applicant Signature: \_\_\_\_\_

Date: Date : \_\_\_\_/\_\_\_\_/