

**RECORD OF ANNUAL INSPECTION**

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE  
2017-10

D3918638

COMPANY NAME <i>Bulk Carriers Transportation Equip</i>			VEHICLE TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY		
STREET ADDRESS <i>2743 Brightwood Rd SE</i>			VEHICLE MAKE <b>TREMCAR</b>		MODEL <b>TRA/REM</b>
CITY <i>New Philadelphia</i>	STATE <i>OH</i>	ZIP <i>44663</i>	VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <b>2T1SL4326JB000271</b>		
INSPECTOR'S NAME (Please Print)				EMPLOYEE NO.	

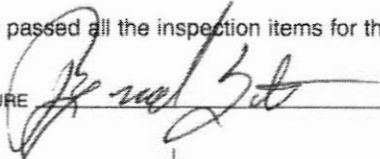
**REPORT OF CONDITION** (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
<b>BRAKES</b>			<b>EXHAUST</b>			<b>STEERING</b>			<b>FRAME</b>		
Adjustment	✓		Leaks			Adjustment			Members		
Mechan. Compon.	✓		Placement			Column/Gear			Clearance		
Drum/Rotor	✓		<b>LIGHTING</b>			Axle					
Hose/Tubing	✓		Headlights	✓		Linkage			<b>TIRES</b>		
Lining	✓		Tail/Stop	✓		Power Steering			Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters	✓		Identification	✓		<b>FUEL SYSTEM</b>			Damage		
Low Air Warning			Reflectors	✓		Tank(s)			Speed Restrictions		
Trailer Air Supply			Other	✓		Lines			Other		
Compressor			<i>ABS TAPK</i>	✓							
Parking Brakes			<b>CAB/BODY</b>			<b>SUSPENSION</b>			<b>WHEELS/RIM</b>		
Other			Access			Springs			Fasteners	✓	
			Eqpt./Load Secure			Attachments	✓		Disc/Spoke	✓	
<b>COUPLERS</b>			Tie-Downs			Sliders			<i>50 LBS TORQ</i>	✓	
Fifth-Wheel & Mount			Headerboard			<i>AIR</i>	✓		<b>WINDSHIELD</b>		
Pin/Upper Plate	✓		Motorcoach Seats			<b>MIRRORS</b>					
Pintle-Hook/Eye			Other						<b>WINDSHLD. WIP.</b>		
Safety Chain(s)											

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE



DATE

*2017-10*

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2402) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT AND/OR ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

4718-551

Journ: 18274 @ 18277		Units: USG				Journ: 18274 @ 18277		Units: USG			
CALIBRATION CHART / CHARTE DE CALIBRATION		TANK COMPARTMENT / CITERNE COMPARTIMENT # 1				CALIBRATION CHART / CHARTE DE CALIBRATION		TANK COMPARTMENT / CITERNE COMPARTIMENT # 1			
		0"	14"	12"	34"			0"	14"	12"	34"
1	0	0	30	40	14	54	6198	6225	6251	6277	
2	1	22	61	85	55	6302	6327	6352	6377		
3	2	61	73	85	56	6401	6426	6450	6473		
4	3	112	126	141	57	6497	6520	6543	6565		
5	4	172	198	204	58	6588	6610	6631	6653		
6	5	239	257	275	59	6674	6694	6715	6736		
7	6	313	333	353	60	6754	6774	6793	6811		
8	7	393	414	435	61	6828	6847	6864	6881		
9	8	478	501	523	62	6897	6913	6929	6944		
10	9	569	592	616	63	6968	6972	6985	6998		
11	10	664	688	713	64	7010	7022	7032	7042		
12	11	763	788	814	65	7051	7059	7066	7072		
13	12	865	892	918	66						
14	13	972	999	1026							
15	14	1081	1109	1137							
16	15	1194	1222	1251							
17	16	1309	1338	1368							
18	17	1427	1457	1487							
19	18	1548	1578	1609							
20	19	1670	1701	1732							
21	20	1795	1826	1858							
22	21	1921	1953	1985							
23	22	2050	2082	2114							
24	23	2179	2212	2245							
25	24	2311	2344	2377							
26	25	2443	2476	2510							
27	26	2577	2610	2644							
28	27	2711	2745	2779							
29	28	2846	2880	2914							
30	29	2982	3016	3051							
31	30	3119	3153	3187							
32	31	3255	3290	3324							
33	32	3393	3427	3462							
34	33	3530	3565	3600							
35	34	3668	3702	3736							
36	35	3805	3839	3874							
37	36	3942	3976	4010							
38	37	4079	4113	4147							
39	38	4215	4249	4282							
40	39	4350	4384	4417							
41	40	4485	4518	4552							
42	41	4618	4652	4685							
43	42	4751	4784	4817							
44	43	4882	4915	4947							
45	44	5012	5044	5077							
46	45	5141	5172	5204							
47	46	5267	5298	5330							
48	47	5392	5423	5454							
49	48	5515	5545	5576							
50	49	5636	5665	5695							
51	50	5754	5783	5812							
52	51	5870	5898	5926							
53	52	5982	6010	6038							
54	53	6092	6119	6146							

THIS CHART IS NOT INTENDED FOR LEGAL MEASURE  
 CETTE TABLE NEST PAS CONÇUE POUR MESURE LEGALE

# TANKER TEST AND INSPECTION REPORT

Information as required by CSA B-620-09

<b>INSPECTION TEST DATE</b>	<b>SERIAL NUMBER</b>
2017-10	18275

OWNER <i>Bulk Carriers Transportation Equip</i>		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS <i>2743 Brightwood Rd SE</i>		TELEPHONE: <i>330-339-3333</i>	PRINCIPAL PLACE OF BUSINESS ADDRESS
CITY, STATE, ZIP CODE <i>New Philadelphia, OH 44663</i>		CITY, STATE, ZIP CODE	
OWNER'S SERIAL NO. <i>2TSL4326JB000271</i>	MFG. DATE <b>2017-10</b>	ORIG. TEST DATE <b>2017-10</b>	TC SPECIFICATION NO. <b>407</b>
CARRIER'S EQUIPMENT NO. <i>4718-SS1</i>	VESSEL MATERIAL SPEC. NO. <b>SA240-316/316L</b>		FLUID CAPACITY (L) <b>26790</b>
		MANUFACTURER'S SERIAL NO. <b>2TSL4326JB000271</b>	ASME CODE SYMBOL -----

<b>TYPE OF TEST (S)</b>		<b>CERTIFIED BY</b>	
<input checked="" type="checkbox"/> EXTERNAL VISUAL (V)	<input checked="" type="checkbox"/> LEAKAGE TEST (K) <b>25 PSIG/5 MIN</b>	MANUFACTURER <b>TREMCAR INC.</b>	
<input checked="" type="checkbox"/> INTERNAL VISUAL (I)	<input checked="" type="checkbox"/> THICKNESS TEST (T)		
<input checked="" type="checkbox"/> PRESSURE RETEST (P) <b>45 PSIG/10 MIN</b>	<input checked="" type="checkbox"/> UPPER COUPLER (UC)		
		WATER CAPACITY (Kg) <b>26790</b>	

<b>HYDROSTATIC PROCEDURE</b>			
ON COMPARTMENTED TRAILER ONLY ONE COMPARTMENT CAN BE FILLED WITH LIQUID (FLUID USE FOR TEST IT'S ONLY WATER) AND TEST AT A TIME ALL ADJACENT COMPARTMENT MUST BE EMPTY		TEST MEDIUM = WATER	
		TEST PRESSURE	KPA <b>310.10</b>
		MAXIMUM ALLOWABLE WORKING PRESSURE	<b>172.28</b> KPa MINIMUM DESIGN METAL TEMPERATURE <b>-29 TO 121</b> C TO C

CHECKLIST OF ITEMS INSPECTED OR TESTED (YES=ACCEPT / NO=REJECT)																							
OUTSIDE BARREL ITEMS		YES		NO		STRUCTURE ITEMS		YES		NO		GENERAL ITEMS		YES		NO		INTERNAL BARREL ITEMS		YES		NO	
Tank Shell		<input checked="" type="checkbox"/>		Roll over & Bumper protection		<input checked="" type="checkbox"/>		Distortions		<input checked="" type="checkbox"/>		Interior surface, including heads for corrosion distortion overlay patches, cracking etc.		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Tank Heads		<input checked="" type="checkbox"/>		Nuts and Bolts		<input checked="" type="checkbox"/>		Dents		<input checked="" type="checkbox"/>		Areas above upper coupler, landing gear legs and subframe for indications of distortion or cracks		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Head-to-Shell Seam		<input checked="" type="checkbox"/>		Major Appurtenances		<input checked="" type="checkbox"/>		Welds		<input checked="" type="checkbox"/>		Interior welds for defects or cracking		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Piping		<input checked="" type="checkbox"/>			- connecting structures		<input checked="" type="checkbox"/>		Frangible ( Rupture ) Disk		<input checked="" type="checkbox"/>		Size of the weld and theirs conformity		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		
Valves		<input checked="" type="checkbox"/>		- suspension system attachments		<input checked="" type="checkbox"/>		Pressure of heating system		<input checked="" type="checkbox"/>		Internal supports and attachments		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Gaskets		<input checked="" type="checkbox"/>		Drop upper coupler		<input checked="" type="checkbox"/>		Fuses for Heating System		<input checked="" type="checkbox"/>		Internal valves, piping and vents for leakage, damage		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Manhole Covers		<input checked="" type="checkbox"/>		In place upper coupler		<input checked="" type="checkbox"/>		Name plate		<input checked="" type="checkbox"/>		Weld of baffles and pads		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Manhole Gaskets		<input checked="" type="checkbox"/>		Corroded or Abraded Areas		<input checked="" type="checkbox"/>		ASME Name plate		<input checked="" type="checkbox"/>		Gaskets on Full Opening Rear Head		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Devices for Tightening Manhole		<input checked="" type="checkbox"/>						Tanker insulate		<input checked="" type="checkbox"/>		Internal piping pressure test		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Reclosing Pressure Relief Valves		<input checked="" type="checkbox"/>						Lining Material		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Self-closing Stop-valves		<input checked="" type="checkbox"/>						Corrosive transport		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
Excess Flow Valves		<input checked="" type="checkbox"/>																					
Remote Closure Devices		<input checked="" type="checkbox"/>																					

(CHECK ONE)  NO DEFECT OR DAMAGE DISCOVERED  DEFECT OR DAMAGE DISCOVERED

EXPLAIN:  
NONE - NEW CARGO TANK

IS REPAIR CERTIFICATION REQUIRED?  YES  NO

METHOD OF REPAIRS:

DESIGN CERTIFYING ENGINEER REGISTRATION NO. \_\_\_\_\_

TC REGISTRATION NUMBER OF THE TESTING FACILITY/ PERSON		TEST DATE
TESTED BY: (PERSON'S NAME) <i>LOYALTY RAYMOND</i>		REPAIR DATE
COMPANY NAME: TREMCAR INC.	REPAIRED BY: SAME	
ADDRESS: 790 MONTRICHARD AVE.	ADDRESS:	
CITY, STATE, ZIP CODE: ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4	CITY, STATE, ZIP CODE:	

DISPOSITION OF CARGO TANK: <input checked="" type="checkbox"/> CARGO TANK FAIL TC SPECIFICATIONS AND IS OUT OF SERVICE	<input checked="" type="checkbox"/> CARGO TANK MEET TC SPECIFICATIONS AND IS RETURN TO SERVICE	MARKINGS APPLIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INSPECTOR	TC REGISTRATION NUMBER <b>25-0264</b>	DATE
	OWNER SIGNATURE	DATE

4718-551



STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION

PLATE NO.: TRB1084 REG. DATE: 03/31/2018 EXP. DATE: 03/31/2019 ISSUE DATE: 02/23/2018 APP NO.: 631395GJ
VALIDATION NO.: 903TRB1084 AGENCY: 7914
OWNER NAME: BULK CARRIERS TRANS EQUIP CO INC VEHICLE OWNERSHIP: COMMERCIAL USER ID: DM
OLD APP NO.: 608696GD
OLD PLATE: TRB1084

VEHICLE CLASS: COMM TRAILER

VEHICLE YEAR: 2018
BODY TYPE: TL MAKE: TREC WEIGHT: 12300 STATE FEES: \$36.00
CERTIFICATE TITLE NO.: 7901510540 PLATE TYPE: OHIO PRIDE
VEH. SERIAL NO.: 2TSL4326JB000271 REG TYPE: RENEWAL LOCAL TAX: \$0.00
PURCHASE DATE: 11/16/2017 SUSPENSION/REVOCATION: NO DEPUTY FEE: \$3.50
PRIOR OPERATION: YES
FEES PAID: YES TOTAL FEES: \$39.50

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
• It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without insurance or FR coverage.
• PROOF OF INSURANCE OR FR COVERAGE IS REQUIRED: Whenever a police officer issues a traffic ticket\*At all vehicle inspection stops\*Upon traffic court appearances\*Upon random checks by the Registrar of Motor Vehicles.
• ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL: Lose his or her driver license until requirements are met on first offense, one year on second offense, and two years on third and subsequent offenses\* Lose his or her license plates and vehicle registration\*Pay reinstatement fees of \$100.00 on first offense, \$300.00 for second offense, and \$600.00 for third and subsequent offenses\*Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates or registration AND\*Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles for THREE or FIVE YEARS.
• ONCE THIS SUSPENSION IS IN EFFECT: Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
• IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have\*A SECURITY SUSPENSION for TWO YEARS or more and\*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
• THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW. WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
• WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:\*AN INSURANCE POLICY showing automobile liability insurance of at least \$25,000 bodily injury per person, \$50,000 injury two or more persons, and \$25,000 property damage\*AN INSURANCE IDENTIFICATION CARD (same coverage)\*A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company\*A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000\*A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State\*A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

PROOF OF FINANCIAL RESPONSIBILITY

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate,

X SIGNATURE ON FILE

SIGNATURE OF OWNER(S)

DATE

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13. APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

DO NOT DISCARD.

THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.