



INNOVATIVE
LOGISTICS GROUP LLC
ONE COMPANY. ONE SOLUTION.
TRUCK MASTER. TRUCK MASTER PLUS. TRUCK MASTER PLUS

Date: _____

VEHICLE CERTIFICATION CHECKLIST

INFORMATION

Dealer or Repair Facility Name: _____
 Service Rep: _____ Phone: _____
 Customer Name: _____
 Customer Phone: _____ Customer Email: _____

VEHICLE INFORMATION

Vehicle Identification Number (VIN): _____
 Year: _____ Make: _____ Model: _____ Odometer: _____
 Engine Make: _____ Engine Model: _____ Engine Hours: _____ ECM Miles: _____
 Engine Serial #: _____ Transmission Serial #: _____ APU Hours: _____

INSPECTION INFORMATION

VISUALLY CHECK FOR LEAKS, VIBRATIONS, MISSES, SKIPS, GRINDING SOUNDS OR ANY OTHER ISSUES THAT COULD BE DEEMED A PRE-EXISTING CONDITION OR CAUSE THIS VEHICLE TO FAIL THE CERTIFICATION REQUIREMENTS. **A COPY OF THE ECM DATA SHOWING TOTAL DISTANCE AND FAULT CODE HISTORY OF ACTIVE AND/OR INACTIVE CODES MUST ACCOMPANY THIS INSPECTION FORM.**

Yes	No	ENGINE (HD & MD)	Yes	No	TRANSMISSION (HD & MD)	Yes	No	ELECTRICAL (HD & MD)
<input type="checkbox"/>	<input type="checkbox"/>	AIR LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	AIR LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	ALTERNATOR/CHARGING
<input type="checkbox"/>	<input type="checkbox"/>	FAULT CODES FOUND	<input type="checkbox"/>	<input type="checkbox"/>	CLUTCH FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>	ELECTRIC HORN
<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	FRONT WIPER MOTOR
<input type="checkbox"/>	<input type="checkbox"/>	HARD STARTS	<input type="checkbox"/>	<input type="checkbox"/>	POPPING OUT OF GEAR	<input type="checkbox"/>	<input type="checkbox"/>	RADIO
<input type="checkbox"/>	<input type="checkbox"/>	NEW OIL/FILTERS INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	SIGHT PLUG CHECKED	<input type="checkbox"/>	<input type="checkbox"/>	STARTER MOTOR
<input type="checkbox"/>	<input type="checkbox"/>	MISSING	<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES	<input type="checkbox"/>	<input type="checkbox"/>	STARTER SOLENOID
		OIL PRESSURE AT IDLE	Yes	No	REAR END(S) (HD & MD)	Yes	No	SUSPENSION (MD Only)
		OIL PRESSURE DRIVING	<input type="checkbox"/>	<input type="checkbox"/>	AIR LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	AIR LEAKS
<input type="checkbox"/>	<input type="checkbox"/>	RUNNING ROUGH	<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS
<input type="checkbox"/>	<input type="checkbox"/>	TURBO LEAKING/NOISY	<input type="checkbox"/>	<input type="checkbox"/>	SIGHT PLUG CHECKED	<input type="checkbox"/>	<input type="checkbox"/>	HYDRAULIC LEAKS
<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES	<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES	<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES
Yes	No	APU (HD Only)	Yes	No	STEERING (MD Only)	Yes	No	A/C & HEATER (HD & MD)
<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	A/C LEAKS
<input type="checkbox"/>	<input type="checkbox"/>	HARD STARTS	<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES	<input type="checkbox"/>	<input type="checkbox"/>	CHARGE AIR COOLER
<input type="checkbox"/>	<input type="checkbox"/>	NEW OIL/FILTERS INSTALLED				<input type="checkbox"/>	<input type="checkbox"/>	CONTAINER CONTAMINATION
<input type="checkbox"/>	<input type="checkbox"/>	MISSING	Yes	No	FUEL (HD Only)	<input type="checkbox"/>	<input type="checkbox"/>	COOLANT RECOVERY
<input type="checkbox"/>	<input type="checkbox"/>	RUNNING ROUGH	<input type="checkbox"/>	<input type="checkbox"/>	CAP LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	FAN CLUTCH FUNCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	UNUSUAL NOISES	<input type="checkbox"/>	<input type="checkbox"/>	TANK LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	HVAC CONTROLS
			<input type="checkbox"/>	<input type="checkbox"/>	VALVE LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	RADIATOR LEAKS
		EXHAUST AFTER TREATMENT (HD & MD)				<input type="checkbox"/>	<input type="checkbox"/>	WATER PUMP LEAKS
		DPF SOOT LOAD STATUS %				<input type="checkbox"/>	<input type="checkbox"/>	WORKING COLD
		REGEN MUST BE COMPLETED				<input type="checkbox"/>	<input type="checkbox"/>	WORKING HOT
		LAST REGEN COMPLETED				Yes	No	SEALS & GASKETS (MD Only)
		DPF CLEANED LAST (if known)				<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS

IMPORTANT! THIS FORM MUST BE COMPLETELY FILLED OUT AND SUBMITTED WITH THE ECM FAULT CODE HISTORY REPORT.

INSPECTOR NAME: _____ INSPECTOR SIGNATURE: _____

Normal dust and shavings are acceptable. Metal pieces, gear teeth, contamination, unusual particles or engine fault codes will disqualify components for coverage unless all repairs or replacements are performed and documented. Any condition determined to have been present at the time of service contract issuance and should have been noted and/or repaired at the time of inspection will not be eligible for coverage and will be the responsibility of the selling dealer to correct. Truck Master, Truck Master Plus and CPO90 contracts do not cover pre-existing conditions.

EFFECTIVE DATE: MARCH 01, 2022