



Singletary Motorcycle Transport
3303 King Charles Circle
Seffner, FL 33584
813-892-4787

MOTORCYCLE INSPECTION REPORT

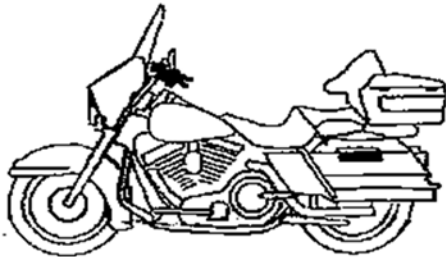
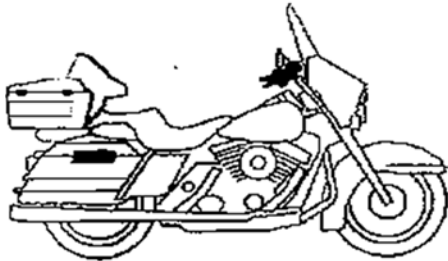
Custom Information

Name: _____
 Address: _____
 City, ST, Zip: _____
 Phone: _____
 Date of Trip: _____

Destination Information

Reno..... (Reno, NV)
 Yellowstone/Jackson, WY..... (Jackson, WY)
 Denver/Sturgis..... (Denver, CO.)
 Rapid City, SD (Sturgis)
 Reno 2..... (Reno, NV)

Year _____ Make _____ Model _____ Color _____
 Mileage _____ VIN # _____ Plate # _____



B - Bent BB - Buffer Burned BR - Broken C - Cut CR - Cracked D - Dented F - Faded
 FF - Foreign Fluid G - Gouged L - Loose M - Missing P - Pitted PC - Paint Chip R - Rubbed
 RU - Rust S - Scratches SL - Soiled ST - Stained T - Torn

During transport motorcycles and motorcycle equipment may cease to operate properly through no fault of the transporter. The Transporter will be responsible for damage directly caused by the driver. The Transporter WILL NOT be responsible for damage NOT caused by the driver. The Transporter also will not be responsible for or damage cause by.. to antennas, luggage, helmets or attached gear.

Origin Notes:

Destination Notes:

I agree with the Transporter's assessment of the condition of this motorcycle.

Customer's Signature _____ Date _____
 Transporter's Signature _____ Date _____

I agree with the Customer's assessment of the condition of this motorcycle.

Customer's Signature _____ Date _____
 Transporter's Signature _____ Date _____