



THIS VALIDATED PERMANENT TRAILER IDENTIFICATION (PTI) CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. PTI IS VALID FOR FIVE (5) YEARS FROM THE DATE OF CONVERSION OR FIRST OPERATION. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE A FACSIMILE COPY OF THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE NON-OPERATIONAL (PNO) STATUS OF A STORED VEHICLE.

IMMEDIATELY NOTIFY DMV IN PERSON OR BY MAIL ON THE PROPER DMV FORMS WHEN:

- * YOU CHANGE YOUR ADDRESS.
- * YOU SELL YOUR TRAILER.
- * YOU ARE INVOLVED IN AN ACCIDENT (WHETHER OR NOT IT WAS YOUR FAULT) WHEN THERE WAS OVER \$750 DAMAGE OR ANY BODILY INJURY OR DEATH.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - PTI OWNER INFORMATION *****



PERMANENT TRAILER IDENTIFICATION CARD

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
GDAN	2017	0000	QN	2020	42R	PA	4WD9248
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN WT	VEHICLE ID NUMBER	
REF		FL	2	M	12500	1GRAA0624HW700791	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC			
TRAILER	12/26/24	39	12/26/24	9			

EXP DATE: PERM

REGISTERED OWNER

HARVINDER SINGH
16280 COTTAGE AVE

AMOUNT PAID
\$ 7.00

MANTECA
CA

95336

LIENHOLDER



AMOUNT DUE	AMOUNT RECVD
\$ 7.00	CASH :
	CHCK :
	CRDT : 7.00

H00 658 01 0000700 0008 CS H00 122624 PA 4WD9248 791



APPORTIONED REGISTRATION CAB CARD

STATE OF CALIFORNIA

DEPARTMENT OF MOTOR VEHICLES

P.O. Box 932320 MS H160 Sacramento, CA 94232-3200 (916) 657-7971

OPERATOR/LESSEE/REGISTRANT

HARVINDER SINGH
DBA: BUMPER TRANS
16280 COTTAGE AVE
MANTECA, CA 95336

OWNER/LESSOR

ISSUED: 06/10/2024

EFFECTIVE: 06/07/2024

EXPIRES: 06/30/2025

Account
140495

Fleet
001

Supp
0000

TYPE OF CARRIER
FOR HIRE

MX

Plate
ZP25006

Unit
69

Yr-Model
2020

Make
KW

Unladen Wt
16500

Axles
03

Fuel Type
D

Body Type
TR

VIN
1XKYD49X8LJ411115

Seats

THE VEHICLE DESCRIBED HEREIN HAS BEEN APPORTIONED BETWEEN THE STATE OF CALIFORNIA AND THE JURISDICTIONS SHOWN BELOW. Canadian Provinces are shown in kilograms, Quebec is shown in axles, all other jurisdictions are shown in pounds. Buses may be identified by the number of seats. No jurisdictions are to be listed after the row of asterisks, or the card is invalid.

AL 80000	AB 36287	AZ 80000	AR 80000	BC 36287
CA 80000	CO 80000	CT 80000	DE 80000	DC 80000
FL 80000	GA 80000	ID 80000	IL 80000	IN 80000
IA 80000	KS 80000	KY 80000	LA 80000	ME 80000
MB 36287	MD 80000	MA 80000	MI 80000	MN 80000
MS 80000	MO 80000	MT 80000	NE 80000	NV 80000
NL 36287	NB 36287	NH 80000	NJ 80000	NM 80000
NY 80000	NC 80000	ND 80000	NS 36287	OH 80000
OK 80000	ON 36287	OR 80000	PA 80000	PE 36287
QC 5 AXL	RI 80000	SK 36287	SC 80000	SD 80000
TN 80000	TX 80000	UT 80000	VT 80000	VA 80000
WA 80000	WV 80000	WI 80000	WY 80000	*** *****
*** *****	*** *****	*** *****	*** *****	*** *****

This apportioned Cab Card must be carried in the vehicle at all times. All fees are due to the State of California on or before the expiration date listed above. The cab card is non-transferable and must be surrendered with the license plate(s) if the vehicle is deleted from the fleet.

CARRIER RESPONSIBLE FOR SAFETY: USDOT 3666037
HARVINDER SINGH
16280 COTTAGE AVE
MANTECA, CA 95336

H630610241A0003



ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
68255874	69
DATE 12/13/2024	

MOTOR CARRIER OPERATOR BUMPER TRANS	INSPECTOR'S NAME (PRINT OR TYPE) SINGH
ADDRESS 16280 COTTAGE AVE	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE MANTECA, CA, 95336	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER 4WJ9921, CA
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED			
OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM
<input checked="" type="checkbox"/>			a. Service Brakes
<input checked="" type="checkbox"/>			b. Parking Brake System
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors
<input checked="" type="checkbox"/>			d. Brake Hose
<input checked="" type="checkbox"/>			e. Brake Tubing
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device
<input checked="" type="checkbox"/>			g. Tractor Protection Valve
<input checked="" type="checkbox"/>			h. Air Compressor
<input checked="" type="checkbox"/>			i. Electric Brakes
<input checked="" type="checkbox"/>			j. Hydraulic Brakes
<input checked="" type="checkbox"/>			k. Vacuum Systems
<input checked="" type="checkbox"/>			l. Antilock Brake System
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters
<input checked="" type="checkbox"/>			2. COUPLING DEVICES
<input checked="" type="checkbox"/>			a. Fifth Wheels
<input checked="" type="checkbox"/>			b. Pintle Hooks
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue
<input checked="" type="checkbox"/>			e. Safety Devices
<input checked="" type="checkbox"/>			f. Saddle-Mounts
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/ sleeper compartment.
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.
<input checked="" type="checkbox"/>			4. FUEL SYSTEM
<input checked="" type="checkbox"/>			a. No visible leak.
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES
<input checked="" type="checkbox"/>			All required lights/reflectors operable.
<input checked="" type="checkbox"/>			6. SAFE LOADING
<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.
<input checked="" type="checkbox"/>			b. Front End Structure
<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices
<input checked="" type="checkbox"/>			7. STEERING MECHANISM
<input checked="" type="checkbox"/>			a. Steering Wheel Free Play
<input checked="" type="checkbox"/>			b. Steering Column
<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components
<input checked="" type="checkbox"/>			d. Steering Gear Box
<input checked="" type="checkbox"/>			e. Pitman Arm
<input checked="" type="checkbox"/>			f. Power Steering
<input checked="" type="checkbox"/>			g. Ball and Socket Joints
<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links
<input checked="" type="checkbox"/>			i. Nuts
<input checked="" type="checkbox"/>			j. Steering System
<input checked="" type="checkbox"/>			8. SUSPENSION
<input checked="" type="checkbox"/>			a. Axle Positioning Parts
<input checked="" type="checkbox"/>			b. Spring Assembly
<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components
<input checked="" type="checkbox"/>			9. FRAME
<input checked="" type="checkbox"/>			a. Frame Members
<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance
<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)
<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			a. Steer-Axle Tires
<input checked="" type="checkbox"/>			b. All Other Tires
<input checked="" type="checkbox"/>			c. Speed-Restricted Tires
<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			JS SANDHU INC
<input checked="" type="checkbox"/>			600 S Main St
<input checked="" type="checkbox"/>			Manteca, CA 95337
<input checked="" type="checkbox"/>			(209) 696-1249

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
68255874	69
DATE 12/13/2024	

MOTOR CARRIER OPERATOR BUMPER TRNS	INSPECTOR'S NAME (PRINT OR TYPE) SIVAM
ADDRESS 16280 COTTAGE AVE	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE MANTECA, CA 95336	VEHICLE IDENTIFICATION (✓ AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER 2P25006
VEHICLE TYPE <input checked="" type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				6. SAFE LOADING				12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input checked="" type="checkbox"/>			No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Front End Structure	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Intermodal Container Securement Devices	<input checked="" type="checkbox"/>			No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			14. MOTORCOACH SEATS
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			Seats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			15. REAR IMPACT GUARD
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam/All Other Steering Components	<input checked="" type="checkbox"/>			In place, securely attached, proper size, proper placement (see 393.86).
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			16. OTHER
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm				List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering				
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints				
<input checked="" type="checkbox"/>			l. Antilock Brake System	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links				
<input checked="" type="checkbox"/>			m. Automatic Brake Adjusters	<input checked="" type="checkbox"/>			i. Nuts				
			2. COUPLING DEVICES				8. SUSPENSION				
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			a. Axle Positioning Parts				
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			b. Spring Assembly				
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components				
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			9. FRAME				
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			a. Frame Members				
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance				
			3. EXHAUST SYSTEM				10. TIRES				
<input checked="" type="checkbox"/>			a. No leaks forward of/ directly below the driver/ sleeper compartment.	<input checked="" type="checkbox"/>			a. Steer-Axle Tires				
<input checked="" type="checkbox"/>			b. Bus: No leaking/ discharging in violation of standard.	<input checked="" type="checkbox"/>			b. All Other Tires				
<input checked="" type="checkbox"/>			c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input checked="" type="checkbox"/>			c. Speed-Restricted Tires				
			4. FUEL SYSTEM				11. WHEELS AND RIMS				
<input checked="" type="checkbox"/>			a. No visible leak.	<input checked="" type="checkbox"/>			a. Lock or Side Ring				
<input checked="" type="checkbox"/>			b. Fuel Tank Filler Cap	<input checked="" type="checkbox"/>			b. Wheels and Rims				
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>			c. Fasteners				
			5. LIGHTING DEVICES				d. Welds				
<input checked="" type="checkbox"/>			All required lights/reflectors operable.	<input checked="" type="checkbox"/>							

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: ☒ OK, ☒ NEEDS REPAIR, ☒ NA IF ITEMS DO NOT APPLY. _____ REPAIRED DATE

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