WORK ORDER REQUEST FORM

Purpose
Use this form to collect repair, roadside, tire, trailer, inspection, and shop requests in a consistent format before assigning follow-up.

Company / Carrier Information
Company Name: _____
USDOT / MC #: _____
Request Submitted By: _____
Phone / Email: _____
Date Submitted: _____

Vehicle / Equipment Information
Truck Unit #: _____
Trailer Unit #: _____
VIN or Last 6: _____
Plate #: _____
Current Mileage: _____
Current Location: _____

Request Type
☐ Roadside assistance
☐ Tire issue
☐ Mechanical issue
☐ Trailer issue
☐ PM service
☐ Annual inspection
☐ DOT / safety issue
☐ Shop follow-up
☐ Other: _____

Issue Details
Describe the issue, warning lights, symptoms, damage, driver notes, and urgency:

_____
_____
_____

Priority
☐ Safety critical / vehicle down
☐ Same day
☐ Within 48 hours
☐ Routine / planned service

Attachments Needed
☐ Photos
☐ Estimate
☐ Invoice
☐ DVIR
☐ Inspection report
☐ Warranty information
☐ **Other:** _____

Approval & Follow-Up
Assigned To: _____
Shop / Vendor: _____
Estimate Amount: _____
Approved By: _____
Approval Date: _____
Target Completion Date: _____
Final Status: ☐ Open ☐ Waiting on estimate ☐ Approved ☐ In shop ☐ Completed ☐ Canceled