MEMBER'S REPORT ON CARRIER PERFORMANCE - MOBILE HOME

SECTION I - TO BE COMPLETED BY DESTINATION ITO

1. DATE *(YYYYMMDD)*	2. REQUIRED DELIVERY DATE *(YYYYMMDD)*	3. GOVERNMENT BILL OF LADING NUMBER
4a. NAME OF MEMBER *(Last, First, Middle Initial)*	b. GRADE	5. NAME OF CARRIER
6. ORIGIN INSTALLATION		7. PICKUP ADDRESS *(Street, Apartment No., City, State, ZIP Code)*
8. DESTINATION INSTALLATION		*(X if:)* ☐ TRAILER COURT ☐ STORAGE FACILITY

SECTION II - TO BE COMPLETED BY MEMBER

Complete every item applicable by placing an "X" in the column under "YES" or "NO". All items marked "NO" will be considered as carrier deficiencies and the performance of the carrier will be evaluated for this shipment based on items listed below. A "NO" answer must be explained or your response CANNOT BE USED TO RATE THE CARRIER. YES NO

	YES	NO
9. Did the carrier pick up the mobile home on the agreed date?	☐	☐
10. Did the carrier provide all the required services?	☐	☐
11. Was the mobile home offered for delivery on or before the required delivery date?	☐	☐
12. Was the mobile home and its contents delivered without loss or damage?	☐	☐
If "NO", what is the estimated value of the loss and/or damage? $ _____		
13. Was the carrier cooperative in checking the condition of your mobile home upon delivery?	☐	☐
14. Did the carrier provide you a completed mobile home inspection record at origin?	☐	☐
15. Did you consider the carrier personnel:		
a. Courteous	☐	☐
b. Cooperative	☐	☐
c. Neat in appearance	☐	☐
16. Were you satisfied with the carrier's services on this movement of your mobile home at:		
a. Origin	☐	☐
b. Destination	☐	☐
17. Were the Transportation Office personnel courteous and helpful to you?	☐	☐

18. COMMENTS *(Briefly explain all "NO" answers.)*

19. SIGNATURE OF MEMBER	20. DATE *(YYYYMMDD)*

SECTION III - TO BE COMPLETED BY DESTINATION ITO

21. *(X if applicable)* ☐ NO RESPONSE RECEIVED FROM MEMBER	22. NAME OF DESTINATION ITO *(Last, First, Middle Initial)* *(Type or print)*
23. SIGNATURE	24. DATE *(YYYYMMDD)*