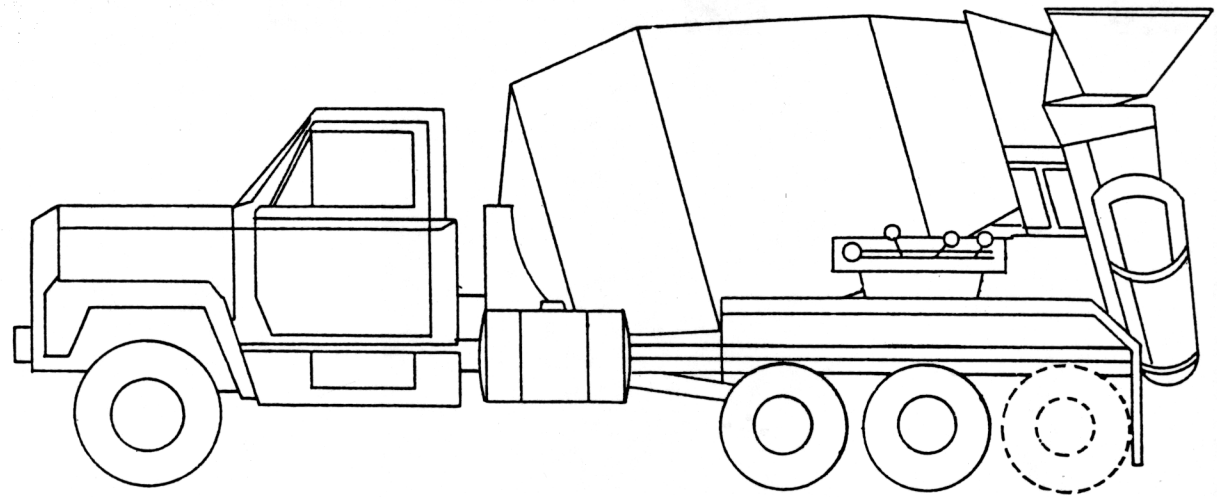


STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
TRUCK WEIGHT AND VOLUME CERTIFICATION - FORM NO. 4



Should truck have additional axles, please indicate.

CERTIFICATION TAG NO. _____

DESCRIPTION: MAKE _____ YEAR _____

SERIAL NO. (TRACTOR) _____ (If applicable)

SERIAL NO. (TRAILER) _____ (If applicable)

TRUCK TYPE _____

STEERING AXLE TIRE SIZE _____

MANUFACTURER'S RATED MIXING CAPACITY _____ CU. YDS.

MANUFACTURER'S RATED AGITATING CAPACITY _____ CU. YDS.

LEGAL GROSS WEIGHT _____

TARE WEIGHT _____

LEGAL PAYLOAD _____

TARE WEIGHT: AXLE NO. 1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

TOTAL: _____

REMARKS _____

MEASURED BY _____ DATE _____

WEIGHED BY _____ DATE _____