

# Transportation Service Safety Compliance Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

Dear [Recipient's Name],

We are conducting a safety compliance assessment of our transportation services and require your cooperation in this important process. As part of our commitment to ensuring the highest standards of safety for our employees and customers, this assessment will focus on the following areas:

- Vehicle Maintenance Records
- Driver Training and Certification
- Incident Reporting Procedures
- Safety Equipment Compliance

We request that you provide the necessary documentation and any relevant information by [Insert Deadline]. Your prompt response will assist in ensuring we meet all compliance requirements.

Thank you for your attention to this matter. If you have any questions or need further clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]