CARRIER EVALUATION WORKSHEET/REPORT											
1a. NAME OF CARRIER			1b. SCAC	2. TYPE (X)		3. PERIOD (	COVER	RED (YYYYMMDD)		4. SERVICE (X)	
				ITGBL		a. FROM		b. TO		UB	
				IGB	L					HHG	
5. NAME OF ORIGIN SHIPPI	NG OFFICE										
			MENT PICKUP DATE	8. PPGBL NUMBE		9. SHIPMEN				10. POINTS	
		,	,								
						тс	TAL P	OINTS	THIS PAGE		
ANY SHIPMENTS ON WHICH EVALUATIONS HAVE						. AVERAGE SHIPMENT SCORE			13. CARRIER STATUS (X)		
NOT BEEN COMPLETED HA COMPUTING YOUR AVERAGE	SHIPMENTS SCORED SCOR			KE		SATISFACTORY					
14a. NAME OF SHIPPING OF	14b. SIGNATURE					UNSATISFACTORY  14c. DATE SIGNED					
(Last, First, Middle Initial)	THE SIGNATURE					(YYYYMMDD)					
15. NUMBER OF SUSPENSIONS			16. TRAFFIC DENIAL PERIOD						17. REINSTATEMENT DATE (YYYYMMDD)		
a. REGULAR	REGULAR b. IMMEDIATE			(Number of days)							

DD FORM 2497, SEP 98

PREVIOUS EDITION IS OBSOLETE.