

TRUCKS AND CRANES

Equipment Submission Form

Fax completed form to: (814) 683-4908

Contact Information:

Name: _____
Phone: _____
Fax: _____

Truck Submission Form:

VIN: _____
Year: _____
Make: _____
Model: _____
Truck Type: (check one) ___ Heavy Duty ___ Medium Duty ___ Trailers/Equipment
Color: _____
Engine: _____
Horsepower: _____
Transmission: _____
Ratio: _____
Suspension: _____
Wheelbase: _____
Size: _____
Comments: _____

Crane Submission Form:

Year: _____
Manufacturer: _____
Model: _____
Serial Number: _____
Capacity: _____
Main Boom: _____
Jib: _____
Engine: _____
Winches: _____
Comments: _____