

STEER AXLE SPECIFICATIONS SHEET

Single Steer Tandem Drive Permanently Mounted Equipment

Company Name: _____ **MVID:** _____

Date: _____ **Contact Name:** _____ **Phone Number:** _____

Fax Number: _____ **Email Address:** _____

Truck or Tractor Type: _____ **Unit Number:** _____ **License Plate Number:** _____

Bed **Year:** _____ **Make:** _____ **Model:** _____

Picker **Serial Number:** _____

Winch

Highway

Hydrovac

Other **Please Specify:** _____

5th Wheel: Sliding
 Fixed
 Log Bunk

Fifth Wheel Placement _____ m +/-

Picker Overhang: _____ m

Hitch Offset: _____ m

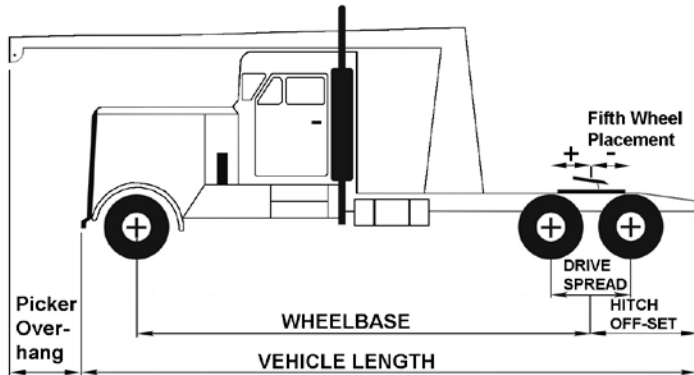
Drive Spread: _____ m

Wheelbase: _____ m

Vehicle Length: _____ m

Track Width: _____ m

Vehicle Width: _____ m



Steering Tire Size: _____ mm **Drive Tire Size:** _____ mm

Steering Tare Weight: _____ kg **Drive Tare Weight:** _____ kg

I certify that the information shown on this page is accurate.

Owner: _____ (Printed Name) _____ (Signature)

Payment Method:

<input type="checkbox"/> On Account	Credit Card: <input type="checkbox"/> Phone Transfer to Automated Telephone System <input type="checkbox"/> Email Payment Link
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