

STEER AXLE SPECIFICATIONS SHEET

Twin 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

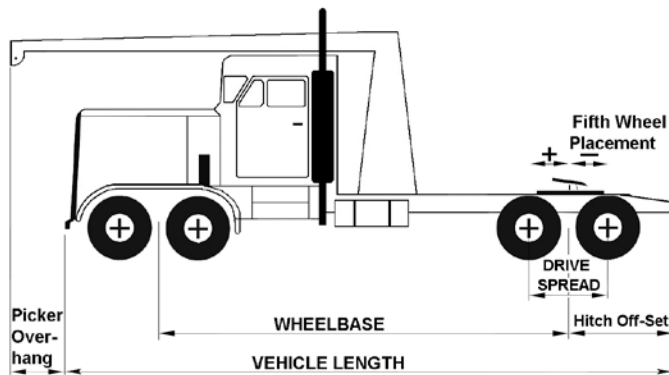
Drive Spread: _____ m

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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