


<b>CONTACT NAME:</b>	<b>DATE:</b>
<b>COMPANY NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>FAX:</b>
<b>CAB AND CHASSIS</b>	<b>AERIAL DEVICE</b>
<b>UNIT#:</b> <b>YEAR:</b> <b>MAKE:</b> <b>MODEL:</b> <b>MILEAGE:</b> OR: <input type="checkbox"/> <i>True Mileage Unknown</i> <b>VIN #:</b> <b>ENGINE:</b> <input type="checkbox"/> <i>GAS</i> <input type="checkbox"/> <i>DIESEL</i> <b>ENGINE MAKE:</b> <b>MODEL:</b> <b>DISPLACEMENT:</b> <b>HP:</b> <b>TRANSMISSION TYPE:</b> <input type="checkbox"/> <i>AUTO</i> <input type="checkbox"/> <i>MANUAL</i> <b>TRANS MAKE:</b> <b>MODEL:</b> <b>BRAKES:</b> <input type="checkbox"/> <i>AIR</i> <input type="checkbox"/> <i>HYDRAULIC</i> <b>TIRE SIZE, FRONT:</b> % <b>TREAD:</b> <b>TIRE SIZE, REAR:</b> % <b>TREAD:</b> <b>GVW:</b> <b>AXLE:</b> <input type="checkbox"/> <i>SINGLE</i> <input type="checkbox"/> <i>TANDEM</i> <input type="checkbox"/> <i>TRIAXLE</i> <b>WHEELS:</b> <b>DATE OF LAST DOT INSPECTION:</b> <b>SALVAGED TITLE:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>BODY TYPE:</b> <b>BED LENGTH:</b> <b>BED MATERIAL:</b> <input type="checkbox"/> <i>STEEL</i> <input type="checkbox"/> <i>WOOD</i>	<b>YEAR:</b> <b>MAKE:</b> <b>MODEL:</b> <b>SERIAL NUMBER:</b> <b>OVER CENTER?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>WORKING HEIGHT:</b> <b>TELESCOPIC?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>OUTRIGGERS?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>LOWER BOOM INSERT?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>MOUNTING:</b> <b>OVERHAUL DATE:</b> <b>FIBERGLASS PLATFORMS:</b> <b>PLATFORM ROTATORS:</b> <b>LINERS:</b> <b>JIB / WINCH SIZE:</b> <b>CAB GUARD?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>OPM MANUAL?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>SERVICE RECORDS?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>SERIAL # PLACARDS?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>DATE OF DI-ELECTRIC TEST:</b> <b>CONDITION:</b> <input type="checkbox"/> <i>GOOD</i> <input type="checkbox"/> <i>AVERAGE</i> <input type="checkbox"/> <i>POOR</i>
<b>DATE UNIT IS AVAILABLE:</b>	
<b>LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:</b>	
<b>RATE TRUCK FROM 1 TO 10 (10 = perfect):</b>	<b>HOPE TO SELL UNIT FOR: \$</b>
<i>I CERTIFY THAT THE UNIT REPRESENTED SHALL BE IN THE SAME CONDITION AT THE RELEASE FROM OWNERSHIP AS REPRESENTED ON THIS INSPECTION CHECKLIST AND PHOTOGRAPHS, WITHOUT ANY VARIATIONS OR OMISSIONS.</i>	
CUSTOMER REPRESENTATIVE SIGNATURE	 OPDYKE INC. REPRESENTATIVE SIGNATURE