

CONTACT NAME:	DATE:
COMPANY NAME:	
ADDRESS:	
PHONE:	FAX:

CAB AND CHASSIS

UNIT#:
YEAR: **MAKE:**
MODEL:
MILEAGE: **OR:** **True Mileage** **Unknown**
VIN #:
ENGINE: **GAS** **DIESEL**
ENGINE MAKE: **MODEL:**
DISPLACEMENT: **HP:**
TRANSMISSION TYPE: **AUTO** **MANUAL**
TRANS MAKE: **MODEL:**
BRAKES: **AIR** **HYDRAULIC**
TIRE SIZE, FRONT: **% TREAD:**
TIRE SIZE, REAR: **% TREAD:**
GVW:
AXLE: **SINGLE** **TANDEM** **TRIAXLE**
WHEELS:
DATE OF LAST DOT INSPECTION:
SALVAGED TITLE: **YES** **NO**
BODY TYPE: **BED LENGTH:**
BED MATERIAL: **STEEL** **WOOD**

DATE UNIT IS AVAILABLE:

LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:

RATE TRUCK FROM 1 TO 10 (10 = perfect):	HOPE TO SELL UNIT FOR: \$
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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.

<p>CUSTOMER REPRESENTATIVE SIGNATURE</p>	<p><i>Carol Ludwig</i> OPDYKE INC. REPRESENTATIVE SIGNATURE</p>
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