

CONTACT NAME:	DATE:
----------------------	--------------

COMPANY NAME:

ADDRESS:

PHONE:	FAX:
---------------	-------------

CAB AND CHASSIS	DIGGER DERRICK
------------------------	-----------------------

<p>UNIT#:</p> <p>YEAR: MAKE:</p> <p>MODEL:</p> <p>MILEAGE: OR: <input type="checkbox"/> <i>True Mileage</i> Unknown</p> <p>VIN #:</p> <p>ENGINE: <input type="checkbox"/> <i>GAS</i> <input type="checkbox"/> <i>DIESEL</i></p> <p>ENGINE MAKE: MODEL:</p> <p>DISPLACEMENT: HP:</p> <p>TRANSMISSION TYPE: <input type="checkbox"/> <i>AUTO</i> <input type="checkbox"/> <i>MANUAL</i></p> <p>TRANS MAKE: MODEL:</p> <p>BRAKES: <input type="checkbox"/> <i>AIR</i> <input type="checkbox"/> <i>HYDRAULIC</i></p> <p>TIRE SIZE, FRONT: % TREAD:</p> <p>TIRE SIZE, REAR: % TREAD:</p> <p>GVW:</p> <p>AXLE: <input type="checkbox"/> <i>SINGLE</i> <input type="checkbox"/> <i>TANDEM</i> <input type="checkbox"/> <i>TRIAXLE</i></p> <p>WHEELS:</p> <p>DATE OF LAST DOT INSPECTION:</p> <p>SALVAGED TITLE: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i></p> <p>BODY TYPE: BED LENGTH:</p> <p>BED MATERIAL: <input type="checkbox"/> <i>STEEL</i> <input type="checkbox"/> <i>WOOD</i></p>	<p>YEAR: MAKE:</p> <p>MODEL:</p> <p>SERIAL NUMBER:</p> <p>SHEAVE HEIGHT:</p> <p>FIBERGLASS 3rd?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> SN:</p> <p>EXTENSION: <input type="checkbox"/> <i>MANUAL</i> <input type="checkbox"/> <i>HYDRAULIC</i></p> <p>CAPACITY (tons):</p> <p>MOUNTING: <input type="checkbox"/> <i>FRONT</i> <input type="checkbox"/> <i>REAR</i> <input type="checkbox"/> <i>CORNER</i></p> <p>PLATFORMS:</p> <p>LINERS:</p> <p>AUGER SIZE:</p> <p>DIGGER SPEED: <input type="checkbox"/> <i>1</i> <input type="checkbox"/> <i>2 SPD</i> SN:</p> <p>POLE CLAWS?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i></p> <p>OUTRIGGERS?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i></p> <p>MAIN CONTROLS LOCATION:</p> <p>UPPER CONTROLS?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i></p> <p>WINCH?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> LOCATION:</p> <p>HOSE REEL?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> MAKE:</p> <p>OPM MANUALS?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i></p> <p>SERVICE RECORDS?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i></p> <p>OVERHAUL DATE:</p>
DATE UNIT IS AVAILABLE:	CONDITION: <input type="checkbox"/> <i>GOOD</i> <input type="checkbox"/> <i>AVERAGE</i> <input type="checkbox"/> <i>POOR</i>

LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:

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

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></p> <p>OPDYKE INC. REPRESENTATIVE SIGNATURE</p>
--	--