

CONTACT NAME:	DATE:
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COMPANY NAME:

ADDRESS:

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

<i>CUSTOMER REPRESENTATIVE SIGNATURE</i>	 <i>OPDYKE INC. REPRESENTATIVE SIGNATURE</i>
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