

CONTACT NAME:	DATE:
COMPANY NAME:	
ADDRESS:	SORRY, NO STEEL TANKS
PHONE:	FAX:
CAB AND CHASSIS	FUEL TANK - (ALUM TANKS ONLY)
UNIT#: YEAR: MAKE: MODEL: MILEAGE: OR: <input type="checkbox"/> <i>True Mileage Unknown</i> 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: WHEELS: AXLE: <input type="checkbox"/> <i>SINGLE</i> <input type="checkbox"/> <i>TANDEM</i> <input type="checkbox"/> <i>TRIAXLE</i> AIR TAG AXLE?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> DATE OF LAST DOT INSPECTION: SALVAGED TITLE: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> DATE UNIT IS AVAILABLE:	YEAR: MAKE: MODEL: TANK CAPACITY (Gallons, per MFG Specs): COMPARTMENT CAPACITY (Gallons, per MFG Specs): <div style="display: flex; justify-content: space-around;"> <input style="width: 40px; height: 20px;" type="text" value="1"/> <input style="width: 40px; height: 20px;" type="text" value="2"/> <input style="width: 40px; height: 20px;" type="text" value="3"/> <input style="width: 40px; height: 20px;" type="text" value="4"/> </div> IS TANK PAINTED?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> DECALS ON TANK?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> DOES TANK LEAK?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> PUMP MAKE: METER MAKE: REGISTER MAKE: HOSE REEL?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> HOSE REEL MAKE: HOSE LENGTH: DIAMETER: ELECTRIC REWIND?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> BOTTOM LOADING?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> VAPOR RECOVERY?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> DOUBLE PUMPING?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> DOUBLE BULKHEAD?: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> US DOT CERT?: <input type="checkbox"/> <i>MC306</i> <input type="checkbox"/> <i>MC406</i> <input type="checkbox"/> <i>MC606</i> <input type="checkbox"/> <i>NO</i>
LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:	LIST ALL TANK DENTS (size and location):
RATE TRUCK FROM 1 TO 10 (10 = perfect):	HOPE TO SELL UNIT FOR: \$
<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