

<b>CONTACT NAME:</b>	<b>DATE:</b>
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<b>COMPANY NAME:</b>
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<b>ADDRESS:</b>
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<b>PHONE:</b>	<b>FAX:</b>
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<b>CAB AND CHASSIS</b>	<b>LUBE BODY</b>
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<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>YEAR:</b> <b>MAKE:</b> <b>MODEL:</b> <b>NUMBER OF OIL TANKS:</b> <b>OIL TANK CAPACITY</b> (Gallons, per MFG Specs): <div style="display: flex; justify-content: space-between;"> <input style="width: 20px;" type="text"/> 1    <input style="width: 20px;" type="text"/> 2    <input style="width: 20px;" type="text"/> 3    <input style="width: 20px;" type="text"/> 4         </div> <b>NUMBER OF GREASE CANS:</b> <b>GREASE CAN CAPACITY</b> (Gallons, per MFG Specs): <div style="display: flex; justify-content: space-between;"> <input style="width: 20px;" type="text"/> 1    <input style="width: 20px;" type="text"/> 2    <input style="width: 20px;" type="text"/> 3    <input style="width: 20px;" type="text"/> 4         </div> <b>WASTE TANK CAPACITY</b> (Gallons, per MFG Specs): <b>NUMBER OF PUMPS:</b> <b>NUMBER OF HOSE REELS:</b> <b>HOSE REEL MOUNTS:</b> <input type="checkbox"/> <i>SIDE</i> <input type="checkbox"/> <i>REAR</i> <b>AIR COMPRESSOR?</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>ANY LEAKS?:</b> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i> <b>IF YES, LIST LEAKS:</b>  <b>CONDITION:</b> <input type="checkbox"/> <i>GOOD</i> <input type="checkbox"/> <i>AVERAGE</i> <input type="checkbox"/> <i>POOR</i>
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<b>DATE UNIT IS AVAILABLE:</b>
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<b>LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:</b>
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<b>RATE TRUCK FROM 1 TO 10</b> (10 = perfect):	<b>HOPE TO SELL UNIT FOR: \$</b>
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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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