

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

UNMOUNTED KNUCKLEBOOM

YEAR:
MAKE:
MODEL:
SERIAL NUMBER:
HOURS:
CAPACITY (tons):
LENGTH OF BOOM:
HYDRAULIC PUMP?: YES NO
HYDRAULIC TANK?: YES NO
OUTRIGGERS?: YES NO
REMOTE CONTROLS?: YES NO
OPERATOR'S MANUAL?: YES NO
SERVICE RECORDS?: YES NO
SERIAL # PLACARD?: YES NO
CONDITION: GOOD AVERAGE POOR

DATE UNIT IS AVAILABLE:

LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:

RATE CRANE 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>Carol Ludwig</i> <i>OPDYKE INC. REPRESENTATIVE SIGNATURE</i>
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