

Customer Information:

Fire Department/Owner: _____ Name of Contact: _____

Phone Number: _____ Fax: _____ Email: _____

Where is the truck currently located (city, state): _____

Apparatus:

Year: _____ VIN: _____ Shop Order #/ Build #: _____

Chassis: Manufacturer: _____ Model: _____ 4x4 (y/n): _____

Fire Body: Manufacturer: _____ Model: _____

Aerial: Manufacturer: _____ Model: _____ Length: _____

Aerial Hours: _____ Date of Last Aerial Certification: _____

Mileage: _____ Engine Hours: _____ # Cab Seating: _____ # SCBA Seats: _____

Engine: Make: _____ Model: _____ HP: _____ Diesel or Gas: _____

Transmission: Make: _____ Model: _____ Automatic or Manual: _____

Pump: Make: _____ Model: _____ GPM: _____ Pump and Roll (y/n): _____

Date of Last Pump Certification: _____ Foam System (make and model): _____

Water Tank: Gallons: _____ Material: _____ Foam Tank(s): _____

Discharges (number and size):

Driver's Side: _____ Officer's Side: _____

Front: _____ Rear: _____

Suctions (number and size):

Driver's Side: _____ Officer's Side: _____

Front: _____ Rear: _____

Crosslays (# and size): _____ Piped for Deck Gun (y/n): _____ Deck Gun Included (y/n): _____

Booster Reels: _____

Generator: Brand: _____ Wattage: _____ Fuel Type: _____ Hours: _____

Check All that Apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Electric Reels: _____ | <input type="checkbox"/> Hydraulic Reels: _____ | |
| <input type="checkbox"/> Telescoping Lights: _____ | <input type="checkbox"/> LED Lighting: _____ | |
| <input type="checkbox"/> Light Tower: _____ | <input type="checkbox"/> Cascade System: _____ | |
| <input type="checkbox"/> Ground Ladders: _____ | <input type="checkbox"/> Breathing Air (aerials only): _____ | |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Automatic Tire Chains | <input type="checkbox"/> Interior EMS Cabinet |
| <input type="checkbox"/> Aluminum Hose Bed Cover | <input type="checkbox"/> Federal Q Siren | <input type="checkbox"/> Jake Brake |
| <input type="checkbox"/> Arrowstick | <input type="checkbox"/> Hydraulic Ladder Rack | <input type="checkbox"/> Pump Heat Pan |

Dimensions: Length: _____ Height: _____ GVWR: _____ Wheelbase: _____

Additional Features or Loose Equipment:

Maintenance/Repairs Needed?
