

Fleet Name

Vehicle Mileage

Truck Unit #

Email Address

VIN #  
(required field)

Phone Number

Max Engine RPM  
(required field)

R.O. Number

Top Gear Ratio  
of Transmission  
(required field)

Case Number

Top Gear Ratio  
of Auxiliary  
(required field)**Print****Exit****Comments**



Side Angle 1

Side Angle 2

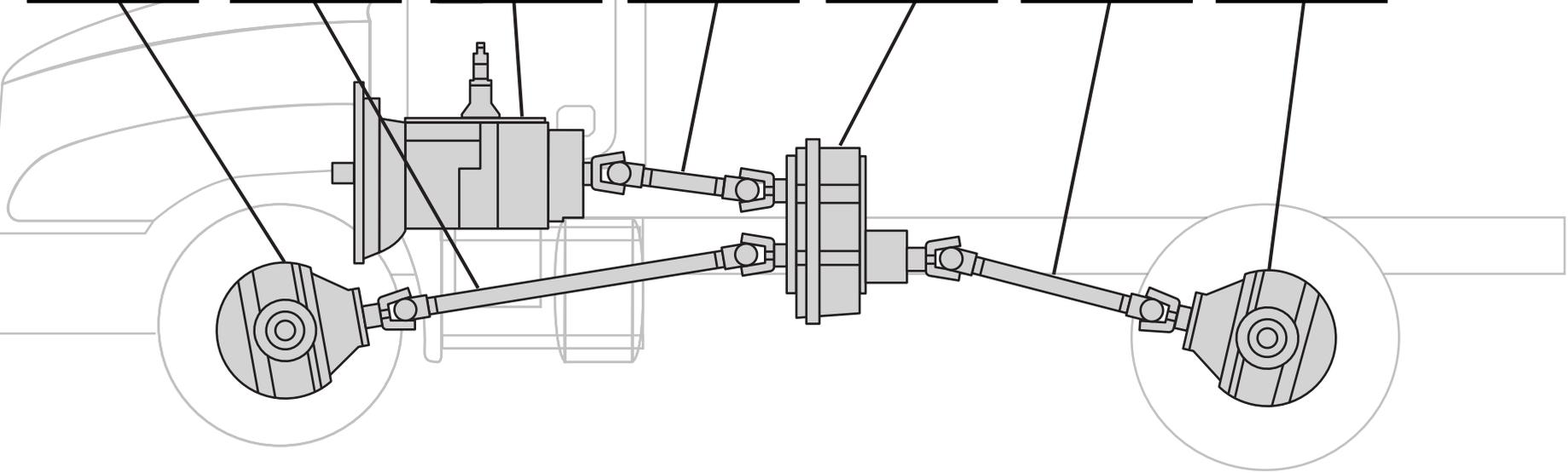
Side Angle 3

Side Angle 4

Side Angle 5

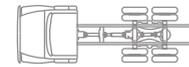
Side Angle 6

Side Angle 7



Print

Exit



Top Angle 1  
[ ]

Top Angle 2  
[ ]

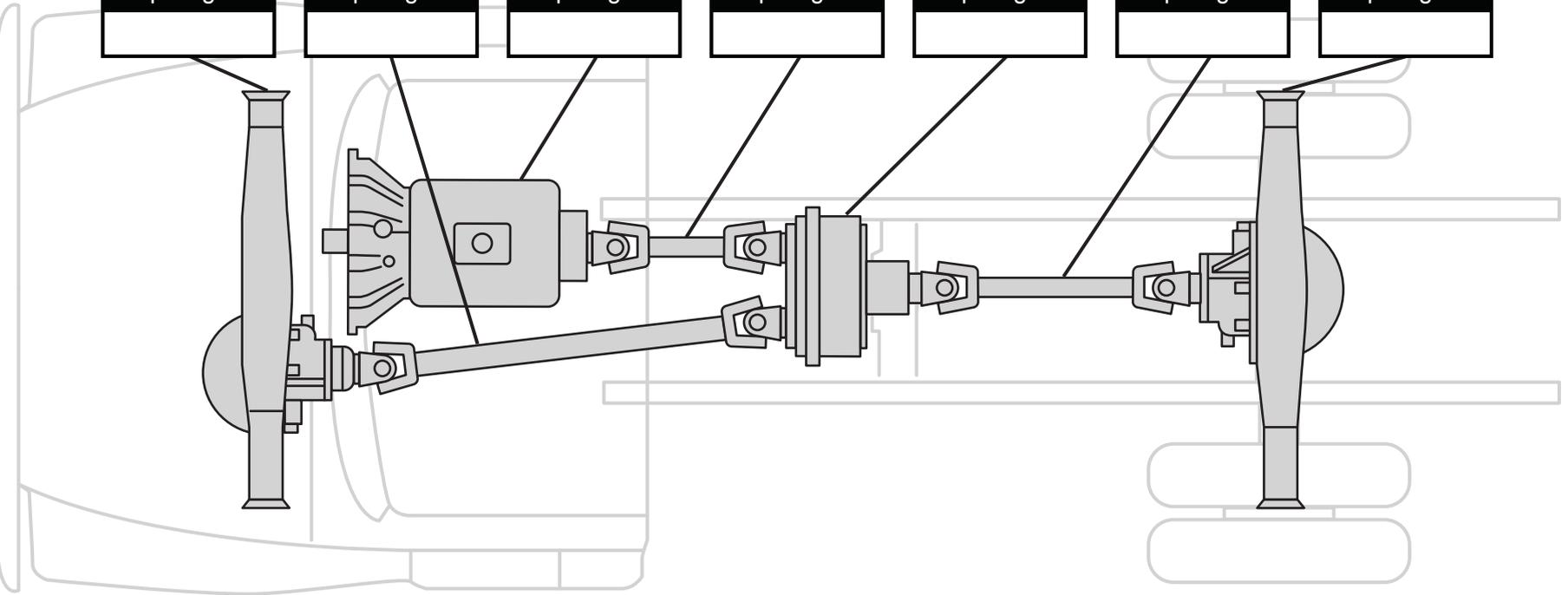
Top Angle 3  
[ ]

Top Angle 4  
[ ]

Top Angle 5  
[ ]

Top Angle 6  
[ ]

Top Angle 7  
[ ]



Print

Exit

