

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

Print**Exit****Comments**



Side Angle 1

Side Angle 2

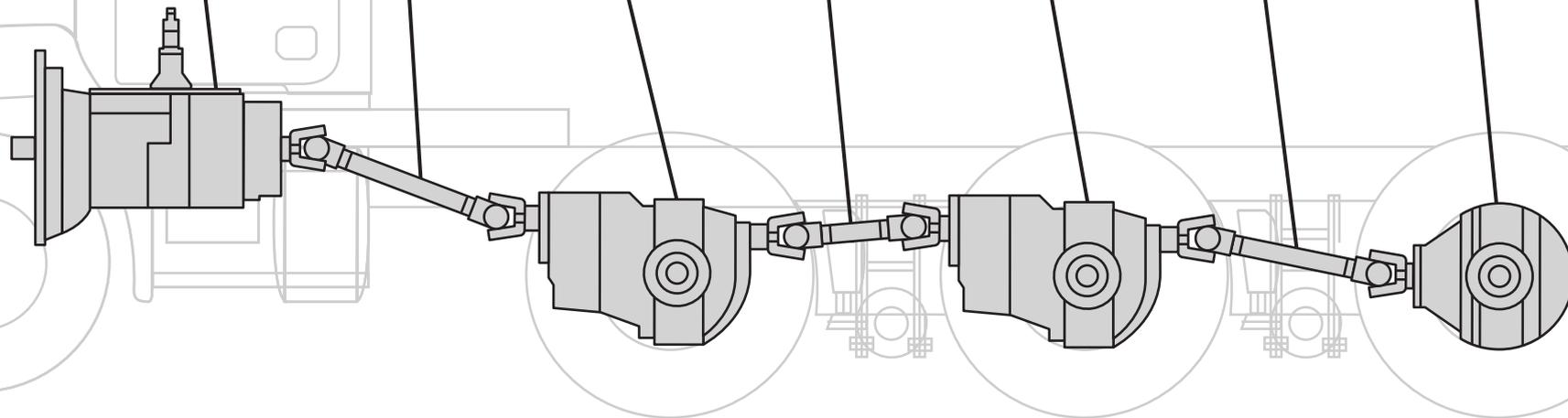
Side Angle 3

Side Angle 4

Side Angle 5

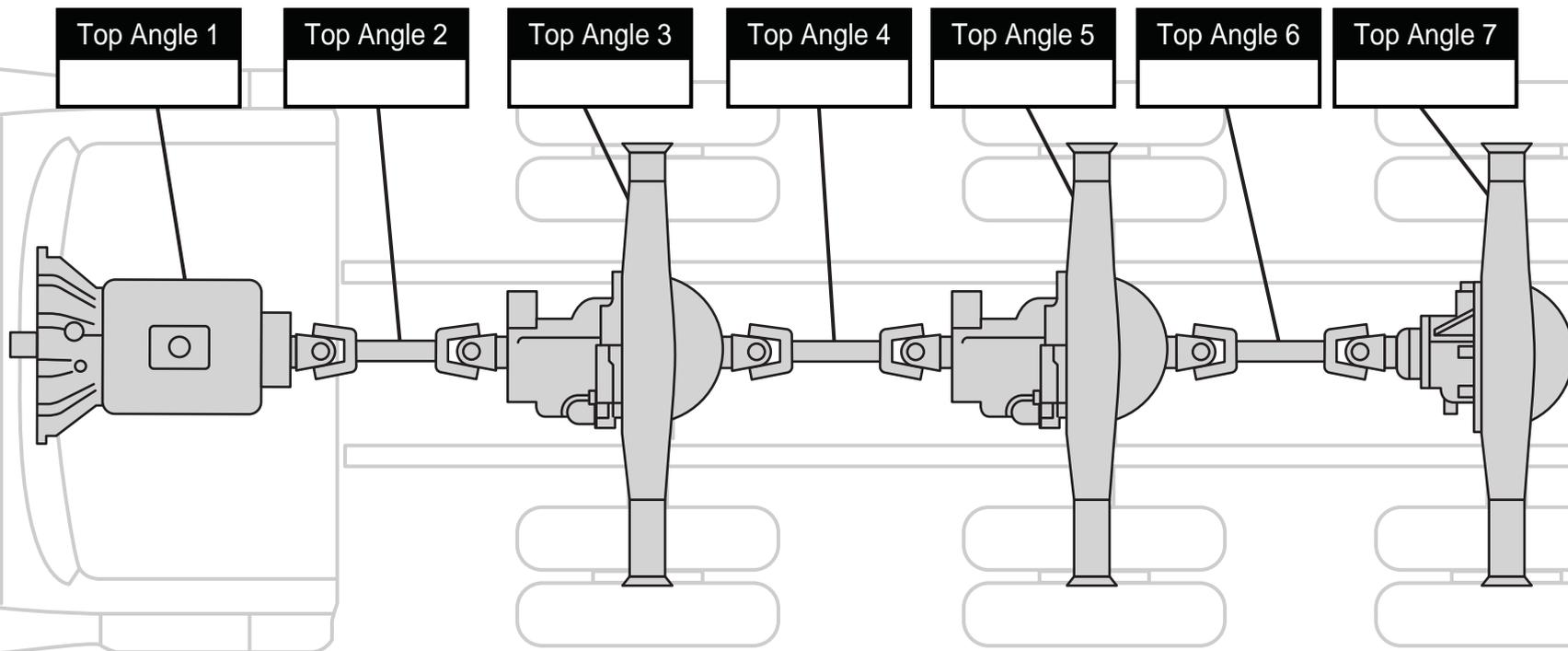
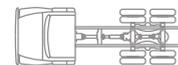
Side Angle 6

Side Angle 7



Print

Exit

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