



APPLICATION SURVEY

Dealer/Customer Information (please print)

Date: _____

Dealer Name: _____

Contact Name: _____

Address: _____

Title: _____

City, State, Zip _____

e-mail address: _____

Phone: _____

Contact Name: _____

Fax: _____

Title: _____

Website Address: _____

e-mail address: _____

APPLICATION REQUIREMENTS: (Prepare separate request / report for each truck or group of trucks in different applications)

Customer: _____ Location: _____ Vehicle Type: _____

Is this a duplicate or similar to an existing vehicle? _____ If yes, Serial # _____

Describe special options: _____

Describe load being carried: _____

Carry A Load: _____ Tow A Load: _____ Carry People: _____

OPERATING CONDITIONS:

Area Temperature Minimum (Winter): _____ Maximum (Summer): _____

Duty Cycle Number of Shifts: _____ Days Per Week: _____ Running Hrs. Per Shift: _____

Typical Speed mph? _____ Any Speed Limits? _____ If YES, What is the Max Speed? _____

ROUTE/ PATH:

Length / Distance	Total Miles/Day	Flat or Grade	Ramps	Time on Ramp	Rise	Length

DRIVING SURFACE:

Smooth / Rough _____ Indoor / Outdoor /Combination _____

Floor / Surface Type (e.g. Concrete, Steel, Asphalt, Sand, Grass, Gravel, Dirt): _____

Floor Condition (e.g. Dry, Wet, Clean, Debris, Cracks, Tracks, Speed Bumps): _____

