



SPECLIFTS

CHASSIS

Make _____

Model _____

Reg No _____ Year _____

Mileage _____

Tax _____ MOT _____

Engine Size (Bhp) _____ Transmission _____

Day / Crew / Sleeper Cab

Interior Condition: Poor / Fair / Good / Outstanding

Front Axle Capacity _____

Rear Axle Capacity _____

GVW _____

GTW _____

Wheelbase (mm) _____

Chassis No. _____

EQUIPMENT

Make _____

Model _____

Capacity Retracted _____

Capacity Extended _____

Speclift Reach (mm) _____

Year of Manufacture _____

TOP BOOM

Capacity Retracted _____

Capacity Extended _____

Reach Retracted _____

Reach Extended _____

WINCHES

Make _____

Model _____

Capacity (lbs) _____

No. of _____

ADDITIONAL FEATURES

CONDITION

LOCATION

DATE OF INSPECTION

REF. No
