



TRANSPORTER

CHASSIS

Make _____ Model _____
Reg No _____ Year _____ Mileage _____
Tax _____ MOT _____ Engine Size (Bhp) _____ Transmission _____
Day / Crew Cab / Sleeper Cab Interior Condition: Poor / Fair / Good / Outstanding
Front Axle Capacity _____ Rear Axle Capacity _____
GVW _____ GTW _____
Wheelbase (mm) _____ Chassis No. _____

EQUIPMENT

Fixed Flat / Beavertail / Slidebed / Twin Deck Steel / Aluminium
Make _____ Model _____
2nd Car Lift (yes/no) _____ Capacity _____
Payload of vehicle _____ Useable Dimensions (LxW) _____

WINCHES

Make _____ Model _____
Capacity (lbs) _____ No. of _____

LORRY LOADER

Make _____ Model _____ Size _____
Damage Free Lift (yes/no) _____ Hydraulic (yes/no) _____ Tested to: _____

ADDITIONAL FEATURES

CONDITION

LOCATION

DATE OF INSPECTION

REF. No
