

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

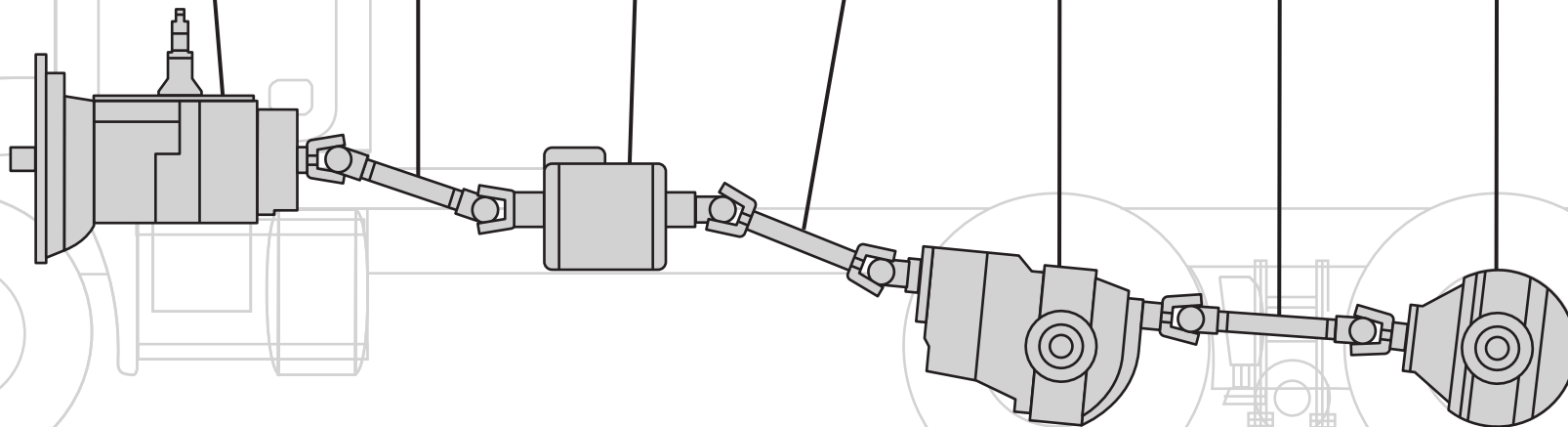
Side Angle 3

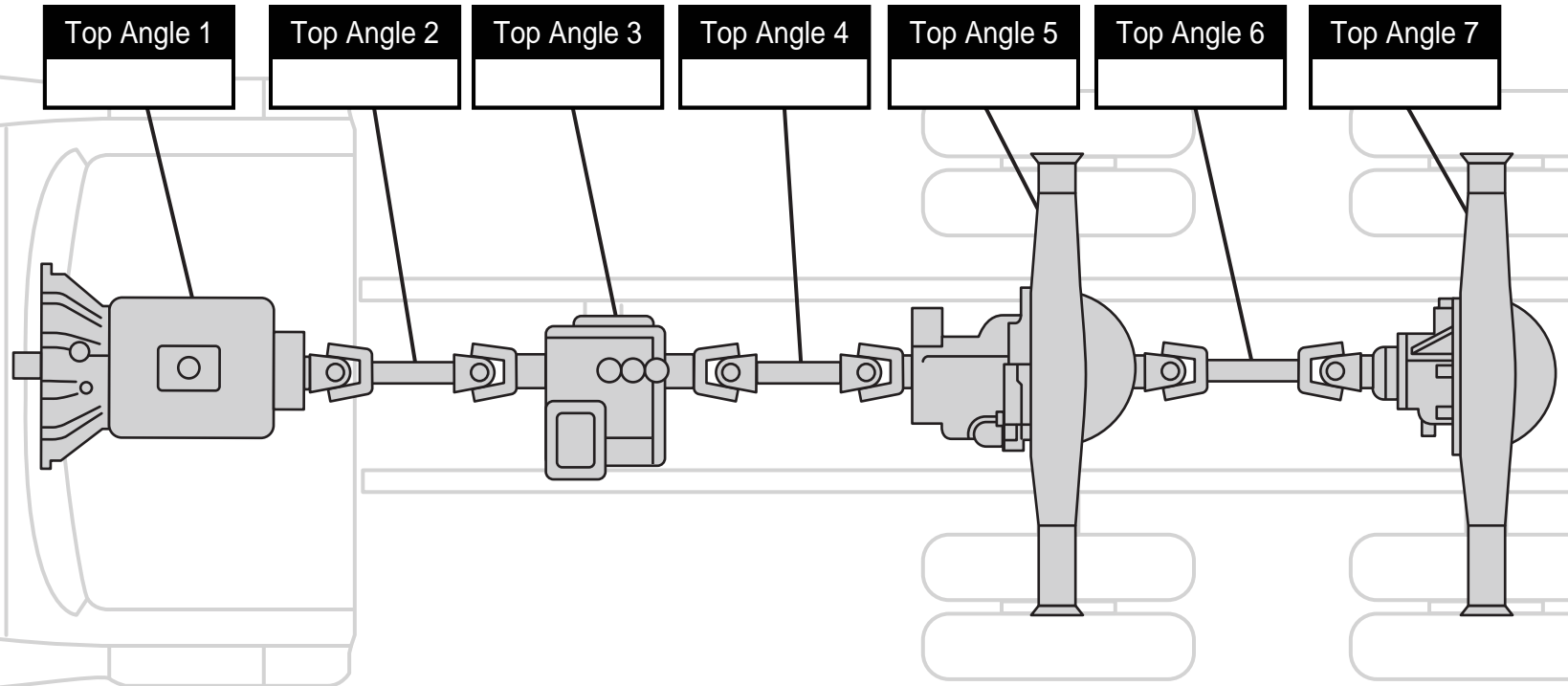
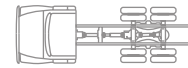
Side Angle 4

Side Angle 5

Side Angle 6

Side Angle 7

[Print](#)[Exit](#)



Print

Exit

