

CAPACITY PLATE REQUEST WORKSHEET

(Website submittal only, faxing not accepted)



Dealer Information

Company:	Dealer Code:
Address1:	Dealer:
Address2:	Email:
City:	Attention:
State:	Zip:

Truck Information:

Model:	Serial:	Process Method:
Chassis Type:	Mast Model:	Mast Serial Number:
Additional Information:		

Capacity Plate Form Information

Main Cwt Change:	
Fuel Type / Voltage:	
Current Model:	Mast Model:
Mast Serial Number:	Manufacturer:
Lift Height (MFH):	Overall Lowered Height:
Tilt Angle Forward:	Tilt Angle Backward:
CSM Quote:	Capacity:
Carriage:	Optional Width:
Factory Installed Sideshifter:	
Fork Thickness:	Fork Width:
Fork Length:	Fork Quantity:
Tire Size Drive:	Tire Size Type:
Tire Type:	Tread Width:
Front Axle:	

Attachment #1 Information

Description:	
Manufacturer:	Class:
Model Number:	Serial:
Weight Of Attachment:	Vertical Center Of Gravity:
Lost Load Center / E.T.:	Horizontal Center Of Gravity:
Load Size:	Capacity Of Attachment:

Attachment #2 Information

Description:	
Manufacturer:	Class:
Model Number:	Serial:
Weight Of Attachment:	Vertical Center Of Gravity:
Lost Load Center / E.T.:	Horizontal Center Of Gravity:
Load Size:	Capacity Of Attachment: