

# STEER AXLE SPECIFICATIONS SHEET

## Twin Steer Tandem Drive Permanently Mounted Equipment

Company Name: \_\_\_\_\_ MVID: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Truck or Tractor Type: \_\_\_\_\_ Unit Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Bed Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Picker Serial Number: \_\_\_\_\_

Winch

Highway

Hydrovac

Other Please Specify: \_\_\_\_\_

5<sup>th</sup> Wheel: Sliding   
 Fixed   
 Log Bunk

Fifth Wheel Placement \_\_\_\_\_ m +/-

Picker Overhang: \_\_\_\_\_ m

Hitch Offset: \_\_\_\_\_ m

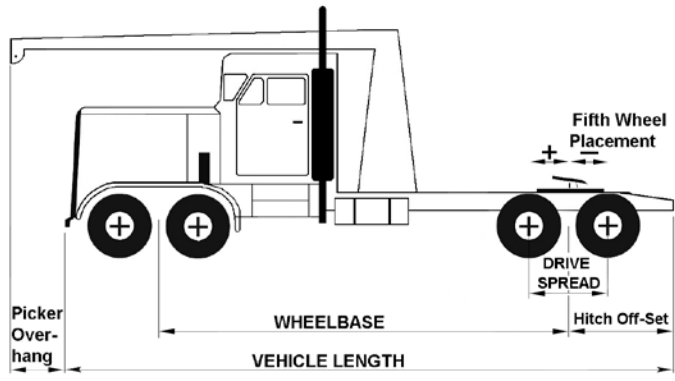
Drive Spread: \_\_\_\_\_ m

Wheelbase: \_\_\_\_\_ m

Vehicle Length: \_\_\_\_\_ m

Track Width: \_\_\_\_\_ m

Vehicle Width: \_\_\_\_\_ m



Steering Tire Size: \_\_\_\_\_ mm Drive Tire Size: \_\_\_\_\_ mm

Steering Tare Weight: \_\_\_\_\_ kg Drive Tare Weight: \_\_\_\_\_ kg

I certify that the information shown on this page is accurate.

Owner: \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

**Payment Method:**

<input type="checkbox"/> On Account	Credit Card: <input type="checkbox"/> Phone Transfer to Automated Telephone System <input type="checkbox"/> Email Payment Link
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