



WORKSHEET FOR EVALUATION OF DEALER OR CUSTOMER SUPPLIED TRUCKS

Manitowoc Boom Trucks

CRANE MODEL: _____

SERIAL NUMBER: _____

Complete the following and return to the MBT Product Support Department for truck suitability evaluation.

SUBMITTED BY: _____
DATE: _____

DEALER: _____
CUSTOMER: _____

PHONE: _____
FAX: _____

Please check the appropriate box or provide the required information:

CRANE & TRUCK DATA:

Crane Mount Configuration: Standard Rear Tractor

Area of operation desired: 180 deg (Rear) 360 deg. Other (Comment)

CHASSIS DATA: (see sheet 2 for definition of terms)

TRUCK (yr./make/model) _____

Wheelbase (WB) _____ in.

Chassis height: _____ in.

Cab to Tandem (CT) _____ in.

Chassis Section Modulus (SM): _____ in.3

After Frame (AF) _____ in.

Chassis Material Yield Strength: _____ psi

Cab height: (H) _____ in.

Tandem Axle Spacing: _____ in.

Bumper to Back of Cab: _____ in.

Front GAWR: _____ lbs.

Transmission Model _____

Rear GAWR: _____ lbs.

Engine Make: _____ Model: _____ Electronic? ___ Yes ___ No

CRANE MOUNT DATA:

Back of Cab to front edge of subframe: (A) _____ in.

Front edge of subframe to centerline of stabilizer: (E) _____ in.

WEIGHT DATA:

Actual Front Axle Bare Weight: _____ lbs.

Actual Rear Axle Bare Weight: _____ lbs.

Weight stated includes:

Driver weight (if included): _____ lbs.

Fuel Tank Level:(ie; 1/8,1/4 , etc.) _____; Number of tanks: _____ Total fuel capacity: _____

Fuel tank location from front axle to tank midpoint: _____ in.

Dealer or Customer added Options:(ie; toolboxes, racks, Hook blocks, Flatbeds.. etc.)

Provide weight and exact location on chassis for each option on an attached sheet if the weight of the options are not included in the actual axle weights specified above.

SPECIAL INSTRUCTIONS OR COMMENTS:

NOTES:

Evaluation of Dealer mounted cranes by Manitowoc Boom Trucks is necessary to insure that the stability and structural competence of the crane is not compromised as mounted. However, the mounting Dealer is responsible for following proper mounting procedures, craftsmanship and final axle weights of the mounted unit. The undersigned is responsible for the accuracy of the data supplied on this worksheet.

Signature: _____

Date: _____

Evaluated by: _____

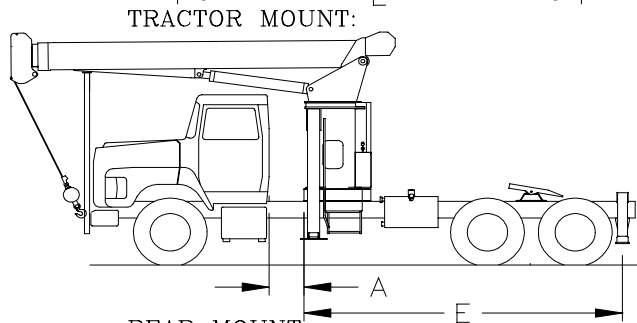
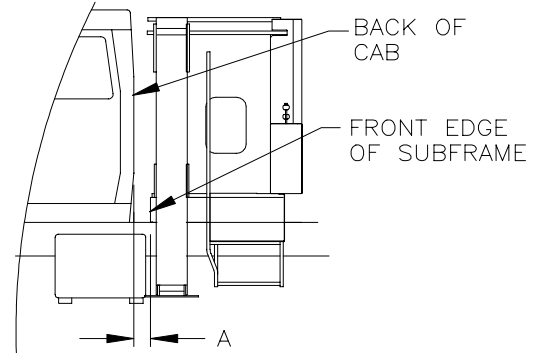
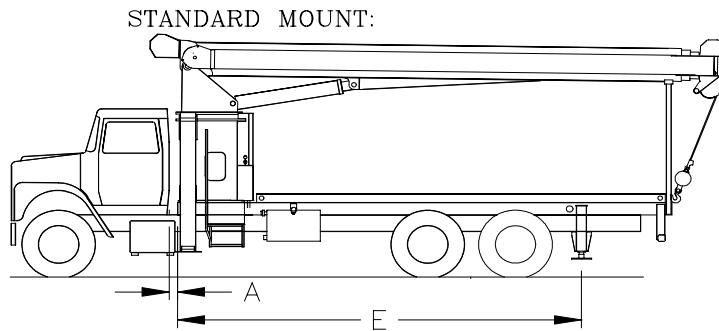
Date: _____

For Product Support Dept use only.



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Manitowoc Boom Trucks



AREA OF OPERATION

