

# Commercial Chassis Specification Request Form

Date:  Date Needed:  Dealer Name:

Customer:  Address:

City:  State:

Unit Type:  If Pumper Choose One:

**Pump Type:**  Midship Driveline  Midship PTO  Rear Mount  Portable  CAFS  
Check ALL that apply:

Make/Model:  Cab Type:

Engine Make:  HP Requested:  AWD:

Transmission:  Axles: Front:  Rear:

ESC:  Yes  No Water Tank Size:  Gallon

CA:  AF:  Top Speed Requested:

*NFPA: Anything over 1250 gallons or GVWR rating of 50,000+ is to be 60mph*

## Interior:

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Drivers Seat:  Passenger Seat:

Rear Seat:

## Exterior:

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Paint Color:  Air Horns:   
*(Paint Brand/Code if available)*

## Options:

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- |                                |   |  |   |
|--------------------------------|---|--|---|
| <input type="checkbox"/> A/C   | <input type="checkbox"/> Alum Wheels w/Steel Wheels | <input type="checkbox"/> Driver Controlled Diff Lock | <input type="checkbox"/> Power Windows    |
| <input type="checkbox"/> AM/FM | <input type="checkbox"/> Tilt/Telescopic Wheel      | <input type="checkbox"/> Sunvisor                    | <input type="checkbox"/> Power Door Locks |

**Other Information or Special Requests:**