



CRITICAL VEHICLE INFORMATION SHEET

Since no two fire apparatus are the same, there is some information what we need on your vehicle(s). Section 1 is the Fire Dept info; this information is only needed on the first form. Sections 2-6 is vehicle specific information that we will need for each vehicle. Please fax to us at (989) 695-6636 or mail to the address at the bottom. Thank You !

1	FIRE DEPT INFO	
	Organization Name:	# of vehicles submitted:
	Contact :	Phone: ()

2	VEHICLE INFO	
	Name of vehicle (what you call it i.e. Engine 12, Pumper 14, # 302, etc):	
	Year:	Chassis Make & Model:
	Body Make:	
	Note : If vehicle is a pick up, Van or Type 2 Ambulance, skip "Body Make"	

3	ENGINE INFO <i>(fill in one column. Provide air filter info in either case)</i>	
	Gasoline Engines	Diesel Engines
	Manufacturer:	Manufacturer:
	# of cubic inches:	Model of diesel:
	Brand & Model # of Air filter :	

4	PUMP INFO (go to next section if no pump is on the vehicle)				
	Pump type:	<input type="checkbox"/> Midship	<input type="checkbox"/> Front Mount	<input type="checkbox"/> PTO	<input type="checkbox"/> Portable
	Manufacturer:	Model #:	Serial #:		

5/6	TRANSMISSION	DIFFERENTIAL
	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Is vehicle a :
	Manuf:	<input type="checkbox"/> single rear axle
	Model #:	<input type="checkbox"/> tandem rear axle

Thank you for taking the time to provide us with this information! We look forward to serving you !