



15410 US Highway 231  
Union Grove, AL 35175

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[www.FireTruckMall.com](http://www.FireTruckMall.com)

Please complete this form to the best of your knowledge.  
The more information you can provide us, the better equipped we will be in marketing your truck!

**Customer Information:**

Fire Department/Owner: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Where is the truck currently located (city, state): \_\_\_\_\_

**Apparatus:**

Year: \_\_\_\_\_ VIN: \_\_\_\_\_ Shop Order #/ Build #: \_\_\_\_\_

Chassis: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ 4x4 (y/n): \_\_\_\_\_

Fire Body: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Aerial: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_

Aerial Hours: \_\_\_\_\_ Date of Last Aerial Certification: \_\_\_\_\_

Mileage: \_\_\_\_\_ Engine Hours: \_\_\_\_\_ # Cab Seating: \_\_\_\_\_ # SCBA Seats: \_\_\_\_\_

**Engine**: Make: \_\_\_\_\_ Model: \_\_\_\_\_ HP: \_\_\_\_\_ Diesel or Gas: \_\_\_\_\_

**Transmission**: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Automatic or Manual: \_\_\_\_\_

**Pump**: Make: \_\_\_\_\_ Model: \_\_\_\_\_ GPM: \_\_\_\_\_ Pump and Roll (y/n): \_\_\_\_\_

Date of Last Pump Certification: \_\_\_\_\_ Foam System (make and model): \_\_\_\_\_

**Water Tank**: Gallons: \_\_\_\_\_ Material: \_\_\_\_\_ Foam Tank(s): \_\_\_\_\_

**Discharges (number and size):**

Driver's Side: \_\_\_\_\_ Officer's Side: \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

**Suctions (number and size):**

Driver's Side: \_\_\_\_\_ Officer's Side: \_\_\_\_\_

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Crosslays (# and size): \_\_\_\_\_ Piped for Deck Gun (y/n): \_\_\_\_\_ Deck Gun Included (y/n): \_\_\_\_\_

Booster Reels: \_\_\_\_\_

**Generator:** Brand: \_\_\_\_\_ Wattage: \_\_\_\_\_ Fuel Type: \_\_\_\_\_ Hours: \_\_\_\_\_

**Check All that Apply:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Electric Reels: _____     | <input type="checkbox"/> Hydraulic Reels: _____              |   |
| <input type="checkbox"/> Telescoping Lights: _____ | <input type="checkbox"/> LED Lighting: _____                 |   |
| <input type="checkbox"/> Light Tower: _____        | <input type="checkbox"/> Cascade System: _____               |   |
| <input type="checkbox"/> Ground Ladders: _____     | <input type="checkbox"/> Breathing Air (aerials only): _____ |   |
| <input type="checkbox"/> Air Conditioning          | <input type="checkbox"/> Automatic Tire Chains               | <input type="checkbox"/> Interior EMS Cabinet |
| <input type="checkbox"/> Aluminum Hose Bed Cover   | <input type="checkbox"/> Federal Q Siren                     | <input type="checkbox"/> Jake Brake           |
| <input type="checkbox"/> Arrowstick                | <input type="checkbox"/> Hydraulic Ladder Rack               | <input type="checkbox"/> Pump Heat Pan        |

**Dimensions:** Length: \_\_\_\_\_ Height: \_\_\_\_\_ GVWR: \_\_\_\_\_ Wheelbase: \_\_\_\_\_

**Additional Features or Loose Equipment:**

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**Maintenance/Repairs Needed?**

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**Click Here** for a Photo Guide to take the best pictures of your apparatus!