Capacity Rating Request Form

Professional Forklift Engineering Services, LLC

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Company Name:			
To the Attention of Requestor:			
(Street)	(City)	(State)	(Zip Code)
Phone:			
	formation (From Data	Plate on Forklift)	
Model No.			
Serial No.			
CURRENTLY EQUIPPED 1. Mast Max. Fork Height (in/mm) 2. Mast Type (i.e. 2-stage, Duplex, orange Width (in/mm) 4. Carriage Type (Standard or intext) 5. Load Backrest Yes Now the state of the	Triplex, Quad) gral sideshifting) o in/mm)/ LP Dual Fuel CNo _ Battery Compartment Si @ Attachment #1 Inform	QtyQty G Battery ze (in/mm) load center nation r, etc)	
2. Attachment Manufacturer	Attachment #2 Inform		
4			
 Attachment Model # Attachment Type (i.e. Hang-on) Attachment Manufacturer 	sideshifter, Fork Positione	r, etc)	
	Attachment #3 Inform	<u>nation</u>	
 Attachment Model # Attachment Type (i.e. Hang-on and the second sec			
 Attachment Type (i.e. Hang-on) Attachment Manufacturer 	sideshifter, Fork Positioner	r)	