AMERICA'S SOURCE FOR USED FIRE APPARATUS





Form is best viewed with latest version of Adobe Reader

Ambulance

Customer:	
Fire Department/Owner:	Contact:
	Fax: ()
E-mail Address:	
City:	State: Zip:
Nearest Airport (for scheduling inspection Apparatus:	s):
	Model:
Body Material:	Type: I 🔲 III 🔲 Color
Attendant Seating: (amount & type)	EMS Capabilities: # of patients
# of Cabinets: Left Right	Doors: Standard 🔲 Roll-up 🖵
Provisions for Built-ins	
Pre-piped Oxygen Supply: Tank Size:	# of OutletsSuction: Y \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Special Features/Equipment:	
Chassis:	
Make:	Model: Miles:
	Cab Material: # Occupants:
	i-Lock Air Conditioning: Y N N
Vehicle Dimensions: Height: FtIr	Width: Ft In Length: Ft In
GVW:VIN	[#
Wheelbase: All Whee	l Drive: Y 🔲 N 🔲
Tire Condition: (tread & age)	Tire Size: Front: Rear:
Engine:	
Make: Mod	lel: Fuel:
	# of Cylinders: Engine Brake:
Transmission:	
Make: Model:	Type: Speeds:



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Affixed equipment:
Lightbar: (size/type/mfg.)
Warning lights: (type/make/model)
Siren: (type/make/model)
Mobile radio: (band/channels/make/model)
Generator: (size/type/mfg.)
Scene lights: (portable/type/quantity)
Other: (please describe)
Check and describe all equipment that will remain with the vehicle:
SCBA: (make/model/quantity)
☐ SCBA bottles: (make/model/quantity)
Fans/blowers: (size/make/model)
Other: (please describe)
Is the module original or has it been remounted (explain):
Describe rusted or corroded areas (location & degree):
Mechanical or cosmetic repairs needed:
Recent mechanical repairs:
Additional comments/special features:
Overall condition of vehicle: Excellent Good Fair Poor
Reason for selling:
Asking price: Availability date:
Signed Date
Be sure the TITLE or MSO is readily available
Please email forms to <u>firetec@firetec.com</u> or print and fax completed forms (3 pages) to: 802-728-9206
Status of photos:
Have been emailed to: photos@firetec.com (Please put your DEPARTMENT NAME on the subject line)
or mailing CD with photos on (date) or will email photos on (date)

