

Paper Roll Clamp AFC Questionnaire



Paper Roll Clamp

REQUESTOR INFORMATION :

Name: _____ Tel No: _____
Company Name: _____ Fax No: _____

TRUCK SPECIFICATIONS

OEM _____ ELECTRIC TRUCK SUPPLY VOLTAGE _____ volts
MODEL _____

LOCATION OF POWER STEERING PRIORITY VALVE: _____

CAB INSTALLED	MAST TYPE	MAST OAL HEIGHT	_____ m
YES <input type="radio"/>	MS <input type="radio"/>		
NO <input type="radio"/>	MD <input type="radio"/>	MAST MFH	_____ m
	MT <input type="radio"/>		
	MQ <input type="radio"/>		

QTY INTERNAL REEVING FUNCTIONS: _____
QTY HOSE REELS: NOTE LOCATION: _____ LH _____ RH _____

NOTE

- 1) FOR INTERNAL COMBUSTION TRUCK, VOLTAGE WILL BE ASSUMED TO BE 12 VOLTS
- 2) RECOMMENDED NOT TO USE H PATTERN AUXILIARY HANDLE. USE 4TH HANDLE AVAILABLE FROM OEM INSTEAD
- 3) 48" SIDE CARRIAGE RECOMMENDED IN 12,000 lbs TRUCKS

CLAMP INFORMATION

MODEL NO	_____	SPILT ARM REQUIRED
ARM CONFIGURATION: FIXED SHORT ARM	_____	YES <input type="radio"/>
POSITIONED SHORT ARM	_____	NO <input type="radio"/>

APPLICATION INFORMATION

3 POSITION RELIEF VALVE USED
YES IF SO LIST SETTING SETTING 1 _____
NO SETTING 2 _____
SETTING 3 _____