



Truck Weight Distribution Data Sheet

Sellick Equipment Limited

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This form is available on our website, please visit us at: www.sellickequipment.com

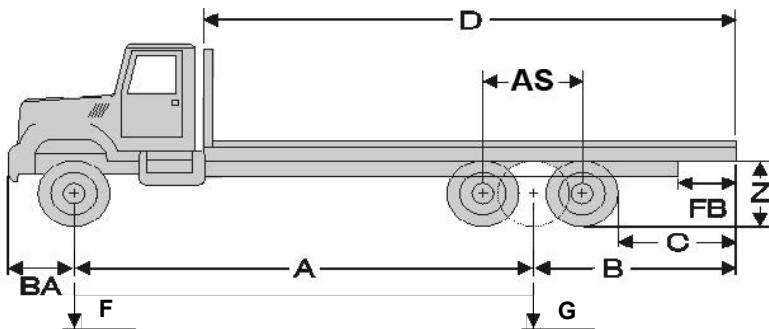
Sellick Equipment Limited can assist in vehicle load distribution calculations. It is the responsibility of the end user to ensure the safety and structural integrity of the vehicle to which the mount will be applied. All weight distribution data sheets must be signed and forwarded to Sellick Equipment Ltd. by the dealer, end user or third-party installer. They must also include all the required information. Completed weight distribution data sheets deemed satisfactory or unsatisfactory must be distributed to the Sellick representative, the dealer representative and all other parties involved.

Date:	<input type="text"/>	Contact:	<input type="text"/>
Customer:	<input type="text"/>	E-mail:	<input type="text"/>
Dealer:	<input type="text"/>	Phone:	<input type="text"/>

Vehicle Data

Model:	<input type="text"/>	Axle Type:	Single	Tandem	Tri-Axle
Manufacturer:	<input type="text"/>	Other Axles:	Pusher	Tag	
Serial #:	<input type="text"/>	Bed Type:	Flat Bed	Tilt Bed	Curtainside/Box
			Other (Specify in "Comments" section)		

Please complete the following information



DIM-C Chart		
Model	MIN	MAX
STM-55	39"	48"
STM-55P	37"	
STM-70	39"	
STM-55 4W	37"	
STM-55P 4W	39"	
TMF55	35"	

Sellick does not recommend mount installation on trailers that have a DIM-C dimension greater than 48". In this case contact Sellick Engineering.

Dimensions

Wheelbase	<input type="text"/>	A
Axle to Bed	<input type="text"/>	B
Tire to Bed (See DIM. C Chart)	<input type="text"/>	C
Body Length (inches)	<input type="text"/>	D
Bumper to Axle	<input type="text"/>	BA
Frame End to Bed End	<input type="text"/>	FB
Ground to Underside Bed (Min. 46")(Inflate air ride)	<input type="text"/>	Z
Axle Spread	<input type="text"/>	AS

Weights

Total Vehicle Weight (without payload)	<input type="text"/>	E
Truck Curb Weight Front Axle*	<input type="text"/>	F
Truck Curb Weight Rear Axle*	<input type="text"/>	G
Front Axle Capacity**	<input type="text"/>	H
Rear Axle Capacity**	<input type="text"/>	I
Desired Payload	<input type="text"/>	

*Must be scaled.

**See Manufacturers Information.

State/Province of Operation

Forklift Model

Does this trailer have an existing mount? Yes No If "YES" Please specify mount in "Comments" below.

Additional information or comments

I certify that the above specifications are true and correct.

Name

Company

Date