

NWFIRETRUCKS.COM

Bagott Motors, Inc. ♦ PO Box 5 ♦ Palouse, WA 99161 ♦ Phone: 800-473-5483 ♦ Fax: 509-878-1220 ♦ mike@nwfiretrucks.com

Please keep the following points in mind as you are completing this form:

- Be thorough – Take the time to complete as much of the form as is reasonably possible and make your descriptions detailed and accurate.
- Be honest – If there are known mechanical or operational issues with your apparatus either get them fixed or be sure that they are fully disclosed.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Pumper | <input type="checkbox"/> Brush Truck | <input type="checkbox"/> Aerial |
| <input type="checkbox"/> Pumper/Tanker | <input type="checkbox"/> Rescue | <input type="checkbox"/> Command Vehicle |
| <input type="checkbox"/> Tanker | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Other |

Customer:

Department/Owner: _____

Address: _____

Primary Contact:

Name: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact Preference: Phone Fax E-Mail

Secondary Contact (if applicable):

Name: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact Preference: Phone Fax E-Mail

Apparatus:

Year: _____ Manufacturer: _____ Model: _____

Chassis:

Year: _____ Make: _____ Model: _____

Length: _____ Height: _____ Width: _____

GVW: _____ Odometer: _____

Brakes: Air Hydraulic ABS Jake Brake

Tire Size: Front: _____ Rear: _____

Engine:

Make: _____ Model: _____ Fuel: _____ Turbo: Y N

Cylinders: _____ Horsepower: _____ Hours: _____

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Transmission:

Type: _____ Make: _____ Model: _____ Speeds: _____

Pump & Plumbing (if applicable):

Make: _____ Model: _____ GPM: _____ Stages: _____

Last Successful Pump Test: _____

Water Tank Capacity: _____ Water Tank Material: _____

Intakes/Discharges (list number, size and location):

Pump Intakes: _____

Pump Discharges: _____

Direct Tank Intakes: _____

Tank Dump Valves: _____

Deck Gun: _____ Hose Reel(s): _____

Foam System: N Y Describe: _____

Pressure Relief/Governor: N Y Describe: _____

Aerial Device (if applicable):

Aerial Type: _____ Height: _____

Waterway: N Y Describe: _____

Stabilizers (number & location): _____

Last Successful Certification Test: _____

Warning Devices/Lighting:

Lightbar – Make/Model: _____

Warning Lights – Make/Model: _____

Siren(s) – Make/Model: _____

Scene Lights – Make/Model: _____

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Included Equipment (include make, model & relevant details):

Mobile Radio: _____

Generator: _____

Ladder(s): _____

SCBA: _____

Hand Tools: _____

Hose: _____

Hard Suction Hose: _____

Hose Appliances/Adapters: _____

Dump Tank(s): _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Additional Features: _____

Mechanical and/or Operational Deficiencies (describe in detail): _____

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Body Damage, Paint Damage, Rust (describe in detail): _____

Recent Repair History (describe in detail): _____

Is your department the original owner of this apparatus? Y N Where did it come from? _____

Why is your department selling this apparatus? _____

Is the apparatus available for immediate delivery? Y N When will it be available? _____

Asking Price: _____ If you are accepting bids, please provide specific bidding instructions:

Signed: _____

Printed Name: _____

Date: _____

Please fax completed form to **509-878-1220**. Thank you.