

<b>Asset ID:</b>	<b>Inventory ID:</b>	<b>Fair Market Value:</b>
<b>Short Description:</b>		
Year	Manufacturer	Model
<b>VIN:</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> </div>		Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Mileage/Odometer:</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 100px; height: 20px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-bottom: 1px solid black;"></div> </div> </div>		Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____
<b>Long Description:</b>		
This Apparatus is a: <input type="checkbox"/> Pumper <input type="checkbox"/> Ladder <input type="checkbox"/> Tanker <input type="checkbox"/> Rescue <input type="checkbox"/> HazMat <input type="checkbox"/> Crash <input type="checkbox"/> Other _____ <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run: _____		
<b>Engine:</b> Manufacture: _____ Size: ____ L, V ____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Hours: _____ This Apparatus was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours Engine Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Engine Repairs Needed: _____		
<b>Transmission:</b> Manufacture: _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Manual ____ Speed Hours _____ Transmission Condition: <input type="checkbox"/> Is operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Transmission Repairs Needed: _____		
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
<b>NOTE: PUMP AND LADDER CERTIFICATIONS ARE REQUIRED FOR SOME ADVERTISING</b>		
<b>Ladder:</b> Manufacture. _____ Model _____ Serial # _____ Length _____ Last Tested ____/____/____ Ladder Certification <input type="checkbox"/> Yes-Certification Expires ____/____/____ <input type="checkbox"/> No Certification-Expired ____/____/____		
<b>Pump:</b> Manufacture: _____ Model _____ Serial # _____ Operable: <input type="checkbox"/> Yes <input type="checkbox"/> No Hours _____ GPM _____ Last Tested ____/____/____ Pump Certification <input type="checkbox"/> Yes-Certification Expires ____/____/____ <input type="checkbox"/> No Certification-Expired ____/____/____		
<b>Additional Equip:</b> <input type="checkbox"/> Tank Size: _____ Gallons <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly <input type="checkbox"/> Metal <input type="checkbox"/> Hose (Gauge ____ Feet ____ ) # Of Intakes _____ Location/Size _____ # Of Discharges _____ Location/Size _____ Tire Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Low # ____ <input type="checkbox"/> Flat # _____ Additional Features (Lights, Generators, Loose Equipment): _____ _____		
<b>Exterior:</b> Color ____ Chassis _____ Body _____ Windows: <input type="checkbox"/> Not Cracked <input type="checkbox"/> Cracked _____ Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Damage To: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed & <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions <b>Interior:</b> Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats/Dash/Floor: _____ Interior Equipment: _____		