

<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; height: 2px; background: linear-gradient(to right, black 1%, transparent 1%, transparent 49%, black 49%, black 51%, transparent 51%, transparent 50%);"></div> </div> <div style="margin-left: 10px;">Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N</div> </div>		
<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; height: 2px; background: linear-gradient(to right, black 1%, transparent 1%, transparent 49%, black 49%, black 51%, transparent 51%, transparent 50%);"></div> </div> <div style="margin-left: 10px;">Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____</div> </div>		
<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: Manufacture.</b> _____ <b>Model</b> _____ <b>Serial #</b> _____ <b>Length</b> _____ <b>Last Tested</b> __/__/__ <b>Ladder Certification</b> <input type="checkbox"/> Yes-Certification Expires __/__/__ <input type="checkbox"/> No Certification-Expired __/__/__		
<b>Pump: Manufacture:</b> _____ <b>Model</b> _____ <b>Serial #</b> _____ <b>Operable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hours</b> _____ <b>GPM</b> _____ <b>Last Tested</b> __/__/__ <b>Pump Certification</b> <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 ____ ) <b># Of Intakes</b> _____ <b>Location/Size</b> _____ <b># Of Discharges</b> _____ <b>Location/Size</b> _____ <b>Tire Condition:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Low #__ <input type="checkbox"/> Flat #____ <b>Additional Features (Lights, Generators, Loose Equipment):</b> _____ _____		
<b>Exterior:</b> Color ____ Chassis _____ Body _____ <b>Windows:</b> <input type="checkbox"/> Not Cracked <input type="checkbox"/> Cracked _____ Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings      Damage To: _____ <b>Decals:</b> <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: _____		