

Sellick Equipment Limited

P.O. Box 1000/2131 Roseborough Road, Harrow, Ontario, Canada N0R 1G0 • Fax: 519-738-3477

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

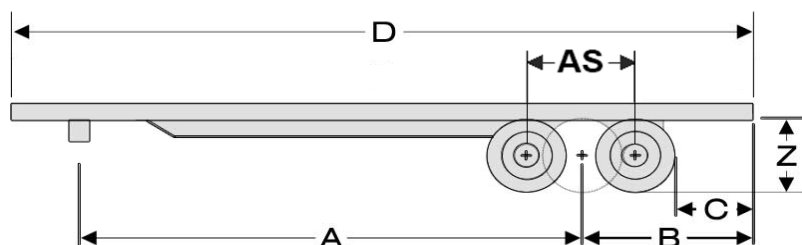
Sellick Equipment Limited can assist in vehicle load distribution calculations. It is the responsibility of the end user to ensure the safety and structural integrity of the vehicle to which the mount is applied. All weight distribution data sheets must be filled out completely, signed and forwarded to Sellick Equipment Ltd. by the dealer, end user or third-party installer. 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: _____ **Contact:** _____
Customer: _____ **E-mail:** _____
Dealer: _____ **Phone:** _____

Vehicle Data

Model: _____ **Trailer Type:** Flat Curtain/Box Drop Deck Other
Manufacturer: _____ **Construction:** Steel Aluminum Steel Frame/Aluminum Deck
Serial #: _____ **Trailer Axle Type:** Single Tandem Tri-Axle
Tractor Axles: Single Tandem **Sliding Axles:** Yes No
Other Trailer Axles: Pusher Tag

Please complete the following information



Note: If the rear axle group is below minimum DIM-C dimension, an extended pad mount may be required. Contact Sellick for assistance.

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

Kingpin to Axle	A
Axle to Bed	B
Tire to Bed (Max. 48" - Min See DIM. C Chart)	C
Body Length (inches) (Min. 384")	D
Ground to Underside Bed (Min. 46") (Inflate air ride)	Z
Axle Spread	AS
Desired Payload	
Capacity of Rear Axle Group**	I

**See Manufacturers Information.

State/Province of Operation _____

Does this trailer have an existing mount? Yes No

If "YES" Please specify mount in "Comments" below.

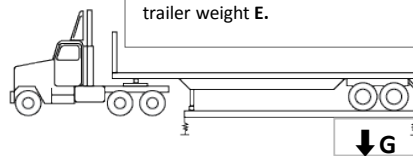
Additional information or comments

Weights

Total Trailer Weight(see Mfg. information)*	E
Weight on Kingpin*	F
Curb Weight of Rear Axle Group*	G

*Must be scaled.

To get weights, pull the **trailer only** onto scale. Get weight **G**. Lower landing gear & uncouple trailer to get trailer weight **E**.



Forklift Model _____

I certify that the above specifications are true and correct.

Name _____

Company _____

Date _____