

1206A Philco Road, Baltimore Maryland 21237 / Phone: (800) 561-2260 / e-mail: [sales@thefiretruckstore.com](mailto:sales@thefiretruckstore.com)  
FAX: (410) 574-6695

CAT: \_\_\_\_\_

**LISTING INFORMATION SHEET**

Fire Department Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Approx. Date Available: \_\_\_\_\_ Asking Price: \$ \_\_\_\_\_

Lowest Acceptable Price: \$ \_\_\_\_\_ Terms: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Chassis:**

Year Manufactured: \_\_\_\_\_ Cab Color: \_\_\_\_\_

Cab Manufacturer: \_\_\_\_\_ Cab Material: \_\_\_\_\_

Cab Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

Hours: \_\_\_\_\_

**Circle all that apply to the cab:** Custom Cab    Commercial Cab    4 Wheel Drive

Number of:    Seating \_\_\_\_\_    Doors \_\_\_\_\_    Jump seats \_\_\_\_\_    SCBA seating in cab \_\_\_\_\_

Chassis Manufacturer: \_\_\_\_\_ Chassis Model \_\_\_\_\_

Engine (Gas or Diesel or Other) Make: \_\_\_\_\_ Model: \_\_\_\_\_ HP \_\_\_\_\_

Transmission:    Make: \_\_\_\_\_ Model: \_\_\_\_\_ Speeds: \_\_\_\_\_

Transmission: (circle) Automatic or Manual    Air Conditioning: (circle) Yes or No

Brakes: (what type) \_\_\_\_\_ Retarder Type (circle)    Jake    Telma    Trans    None

# The Fire Truck Store.com

A Chesapeake Emergency Vehicles Company

Dealers of New & Used FIRE TRUCKS

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## Dimensions:

Overall Length: \_\_\_\_\_ Ft. \_\_\_\_\_ Inches Overall Height: \_\_\_\_\_ Ft. \_\_\_\_\_ Inches

Wheelbase: \_\_\_\_\_ Inches GVWR: \_\_\_\_\_ Pounds

Front Axle: \_\_\_\_\_ Pounds Rear Axle: \_\_\_\_\_ Pounds

## Pump:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ GPM: \_\_\_\_\_ Stages: \_\_\_\_\_

Placement: (circle) Midship - Top Mount - Front Mount - Rear Mount Pump Hours: \_\_\_\_\_

Pressure Control (circle) None – Governor – Electronic – Relief Valve

## Discharges:

Front Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

Rear Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

DS Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

OS Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

## Intakes:

Front Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

Rear Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

DS Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

OS Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_ Num: \_\_\_\_\_ Size: \_\_\_\_\_

Deck Gun (circle) Yes or No Gun Type: \_\_\_\_\_ Crosslays/Preconnects: \_\_\_\_\_

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Booster Reels: Number: \_\_\_\_\_ Location: \_\_\_\_\_ Size: \_\_\_\_\_ (feet)

Foam System (circle) Yes or No CAFS Yes or No Make: \_\_\_\_\_ Type: A/B or Both \_\_\_\_\_

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## Tanks:

Booster Tank Size: \_\_\_\_\_ Material: \_\_\_\_\_

Foam Tank # 1 Size: \_\_\_\_\_ Material: \_\_\_\_\_

Foam Tank # 2 Size: \_\_\_\_\_ Material: \_\_\_\_\_

## Aerial:

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Model: \_\_\_\_\_

Length: \_\_\_\_\_ Ft Construction: (circle) Aluminum or Steel

Waterway: Yes or No Waterway Rating (GPM) \_\_\_\_\_ Remote Nozzle: Yes or No

Breathing Air: Yes or No Intercom: Yes or No Aerial Hours: \_\_\_\_\_ Tip Rating: \_\_\_\_\_ Lb.

## Body:

Body Make: \_\_\_\_\_ Body Material: \_\_\_\_\_

Number Of Compartments: DS \_\_\_\_\_ OS \_\_\_\_\_

Hide Side Compartments: DS \_\_\_\_\_ OS \_\_\_\_\_

Ground Ladder Storage: (circle) Tunnel Brackets Racks

## Warning Lights and Sirens:

Emergency Lights: Type and Location:

Strobes: \_\_\_\_\_ Rotators: \_\_\_\_\_ Intersection: Yes or No

Light bars: \_\_\_\_\_ Other: \_\_\_\_\_ LED: \_\_\_\_\_

Sirens:

Mechanical: \_\_\_\_\_ Electronic: \_\_\_\_\_ Air Horns: Yes or No

Generator: Yes or No Generator Type: PTO or Hydraulic or Diesel or Gas Other: \_\_\_\_\_

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**AD DESCRIPTION:** *(Describe in your words, highlights that will help sell your unit)*

**Additional equipment included:** *(List any items included in sale)*

**Known repairs required:** *(List any known damage / required repairs)*

**Is Title to Vehicle Free and Clear of Lien holders: Yes or No**

**If Yes, is the Title signed off by the Lien Holder or Lien Release Document in your possession: Yes or No**

Overall Condition: (circle) Excellent or Very Good or Good or Fair or Poor or Parts Only

Date of Last Pump Test \_\_\_\_\_ (circle one) Passed or Failed or Not Tested

Date of Last Aerial Test \_\_\_\_\_ (circle one) Passed or Failed or Not Tested

**I HEREBY VERIFY ALL INFORMATION AND STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_ Print \_\_\_\_\_  
(PLEASE SIGN) (AUTHORIZED CONTACT)

**MUST BE FILLED OUT COMPLETELY AND FAXED TO:  
410-574-6695**