

## Aerial Purchase Questionnaire

It is the intent of the Purchaser to obtain the safest aerial device available that fully complies with the current NFPA construction/testing guidelines and requirements for the aerial device being proposed. "Current NFPA Guidelines" will be based on the date of your bid proposal or the date of completion, whichever is newer. The fire departments are the only authority that can waiver or amend this requirement. As per NFPA 2009 it is the manufacturer's responsibility to provide the department with an apparatus that meets all of the NFPA construction and testing requirements or provide a letter listing those items of non-compliance.

It is the responsibility of the bidder to provide proof positive evidence to our department that the aerial we intend to purchase meets and/or exceeds the minimum standards and safety requirements as established by NFPA for the proposed aerial device. By receiving advance written documentation and certification of adherence of NFPA aerial design and safety factors from prospective aerial manufacturers, it is our intent to determine acceptable, qualified manufacturers. All information and documentation requested in this questionnaire shall be provided in order for the manufacturer to be considered as a qualified manufacturer.

It is the intent of this department to purchase an aerial device with the highest structural safety factor and the highest level of performance available. Current NFPA Standards shall be used as the minimum standard for structural requirements, structural and stability safety factor requirements, quality control and testing requirements.

All signs, warning devices, and operational instructions shall also meet NFPA requirements.

Special emphasis shall be placed on aerial design certification and testing requirements as listed in NFPA 1901 and NFPA 1911.

NFPA 1901's definition for the terms used in this questionnaire, including but not limited to structural safety factor and rated capacity, shall be considered by the department as the only acceptable definition. All aerials to be considered by the department shall meet these definitions.

\*All proposed aerial devices will be reviewed for their compliance to construction and testing of rated load capacities and vehicle stability requirements in accordance with NFPA 1901, NFPA 1911, and NFPA 1914.

**COMPLETION OF THIS QUESTIONNAIRE IS MANDATORY. AFTER COMPLETION, SEND TO THE CONTACT LISTED BELOW AND RETAIN A COPY FOR SUBMISSION WITH YOUR BID PACKAGE. It contains the following parts:**

- **Aerial Manufacturer Questionnaire**
- **Aerial Construction Questionnaire**
- **Aerial Testing Questionnaire**
- **Aerial Performance and Testing Worksheet**
- **Cab and Chassis Questionnaire**
- **Body Questionnaire**
- **Vendor Proposal Overview**

Questionnaire Date:	
Department Name:	
Department Mailing Address:	Street or P.O. Box:
	City:
	State:
	Zip:
Department Contact:	
Contact's Position:	
Contact's Phone Number:	
Contact's Cell Number:	
Contact's Email Address:	
Proposed Bid Opening Date:	

## Aerial Manufacturer Questionnaire

Information Required from the Aerial Manufacturer:

The aerial manufacturer (the company that welds the aerial weldments and support structure weldments) shall answer the following questions and provide all requested documents, certifications, or verifications in order to be considered as a qualified aerial manufacturer. All documents required from a third party, independent, structural engineer shall bear the engineer's name, license number, state where licensed, and the engineer's professional seal certifying the information as requested. Please provide any needed explanations on a separate sheet. Each answer shall reference the question number. Failure to supply the requested information or if the submitted information does not match the product proposed can be deemed as a "non-responsive bid" by the department.

Question:	Response: Check appropriate box.	Required Documentation:
<b>Does the aerial manufacturer provide a minimum of \$30 million Product Liability Insurance on the entire aerial apparatus?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		See notes below. Must supply a copy of aerial manufacturer's current Product Liability Certificate.
If "YES", please provide a copy of the aerial manufacturer's current Product Liability Certificate. If "NO", what is the maximum amount of product liability coverage the aerial manufacturer carries? \$ _____		
<b>Is the complete vehicle (cab, body, chassis, torque box and aerial device) manufactured by the same company at the same factory location?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Provide additional details on the Vendor Proposal Overview.
The Vendor Proposal Overview is a separate form.		
<b>How many years has the aerial manufacturer been in the business of designing and manufacturing aerial devices specifically to be used in the fire service?</b> _____ yrs?		
Must list the number of years in the space provided.		
If less than 20 years, please provide the total number of aerials manufactured for each calendar year by model and by quantity! _____ _____		
<b>During the past ten (10) years, has any aerial device constructed by the aerial manufacturer ever experienced a catastrophic structural failure?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If "YES", you must complete the next question explaining the failure and the cause.
Failure was due to workmanship? _____ Failure was due to material? _____ If material related, how? _____ _____		
Failure was due to lack of maintenance? _____		
<b>If you answered yes to the previous question, what happened to the failed aerial device? Please indicate whether it was scrapped, repaired and returned back to</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If "YES" in the previous question, you must complete

<b>the department, or repaired and sold to another department!</b>			this follow-up question.
Apparatus device was scrapped _____ Apparatus device was repaired and returned to the department _____ Apparatus device was repaired and sold to another department _____ Comments: _____			
<b>During the past ten (10) years, has any aerial device constructed by the <u>aerial manufacturer</u> ever experienced a tip over?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must complete the next question explaining the failure and the cause.
Failure was due to soft footing _____ Failure was due to human error _____ If human error, how? _____ _____ _____ Was truck being operated in over-ride mode when it tipped over? _____ Comments: _____ _____			
<b>If you answered yes to the previous question, what happened to the failed aerial device? Was it scrapped, repaired and returned back to the department, or repaired and sold to another department?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES" in the previous question, you must complete this follow-up question.
Apparatus device was scrapped _____ Apparatus device was repaired and returned to the department _____ Apparatus device was repaired and sold to another department _____ Comments: _____ _____			
<b>During the past ten (10) years, has any aerial device constructed by the <u>aerial manufacturer</u> ever ejected the waterway?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must complete the next question explaining the failure and the cause.
Failure was due to design _____ If due to design, what has been changed since the failure? _____ _____ _____ Failure was due to mechanical failure _____ If mechanical, how? Failure was due to human error _____ If human error, how? _____ _____ _____ Comments: _____ _____			
<b>If you answered yes to the previous question, what happened to the failed aerial device? Was it scrapped, repaired and returned back to the department, or repaired and sold to another department?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES" in the previous question, you must complete

			this follow-up question.
Apparatus device was scrapped _____ Apparatus device was repaired and returned to the department _____ Apparatus device was repaired and sold to another department _____ Comments: _____			

## Aerial Construction Questionnaire

Information Required from the Actual Aerial Manufacturer:

The aerial manufacturer (the company that welds the aerial weldments and support structure weldments) shall answer the following questions and provide all requested documents, certifications, or verifications in order to be considered as a qualified aerial manufacturer. All documents required from a third party, independent, structural engineer shall bear the engineer's name, license number, state where licensed, and the engineer's professional seal certifying the information as requested. Please provide any needed explanations on a separate sheet. Each answer shall reference the question number. Failure to supply the requested information or the submitted information does not match the product proposed can be deemed as a "non-responsive bid" by the department.

Question:	Response: Check appropriate box.		Required Documentation:
<b>For the proposed aerial device, complete the following information:</b>  <b>Aerial Main Rails</b> <b>Aerial Rungs</b> <b>Aerial Hand Rails</b> <b>Aerial Hand Rail Supports</b> <b>Aerial Platform</b> <b>Aerial Platform Heat Shields</b>	Material Used: _____ _____ _____ _____ _____	Construction Methods: _____ _____ _____ _____ _____	Material information should include material thickness and type material used. Construction information should include manufacturing technique such as welded extruded, industrial adhesives, or formed construction.
<b>Does the <u>aerial manufacturer</u> have a Quality Control Program in place as required by NFPA?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO", your aerial does not meet our requirements.
<b>Does the <u>aerial manufacturer</u> have a current ISO 9001 Quality Certification?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Must supply a copy of current ISO 9001 Certificate.

<b>Does the aerial device submitted in your proposal meet all current NFPA manufacturing and construction requirements?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO", your aerial does not meet our requirements.
<b>If applicable, does the aerial device (ladder) submitted in your proposal provide an integral tip in the outermost fly section?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO" You must answer the questions below.
If "NO", why is the tip non-integral and specifically how is it attached? _____ If "NO", are NFPA required tests performed with the test weights suspended from the end of the last welded rung or from the end of the non-integral section? _____			
<b>If applicable, do the outermost fly section handrails extend to the very end of the outermost fly section tip?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Does the aerial device in your proposal have "K" bracing on every rung?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Does the aerial device submitted in your proposal provide widths over 24" on all sections to accommodate a Stokes basket between the handrails.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO" you must answer the questions below.
If "NO", which sections do not meet this criteria and what are their inside measurements (inches)? _____ _____			
<b>For the aerial device in your proposal, with the exception of retraction, can all aerial controls (elevation, rotation, and extension) be used simultaneously with the waterway charged?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	You must answer the questions below.
If "YES", are there any performance restrictions? _____ If "NO", why not? _____			
<b>Can the aerial device in your proposal be "short jacked"?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must answer questions below!
If "YES", is the apparatus being operated in an over-ride mode to accomplish this? _____ If so, can the aerial device be rotated in an unsafe zone which could result in an aerial tip over? _____ If so, why do you not have electronic sensors and switches to prevent this from occurring? _____ _____			
<b>For the aerial device you are proposing, when the apparatus is set up level, does the tip load of the aerial device in your proposal ever change from the advertised tip load based on the aerial device set up (grade, slope, uphill, downhill, water flow, etc.)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must provide the details on the Aerial Performance and Testing worksheet!
If yes, under what conditions does the tip loads decrease? _____ What percent decrease occurs? _____			

<b>For the aerial device you are proposing, is the weight of the water in the waterway centrally balanced on the aerial device?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO", you must answer the questions below!
If "NO", what is the weight of the water in the proposed waterway when fully charged? _____ lbs. How is this additional weight and reaction forces counter balanced on the aerial device? _____ _____			
<b>For the aerial device you are proposing is the operating range of the monitor less than 90 degrees side-to-side or 135 degrees vertical due to the proposed water flow?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must provide the details on the Aerial Performance and Testing worksheet!
If "YES", what water flow have you proposed? _____ GPM If "YES" are certain conditions required in order to achieve your proposed flow? Yes/No ____ If yes, please list the required conditions: _____			
<b>Does the aerial device in your proposal have a "pinnable waterway"?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must answer questions below!
If "YES", can the waterway become supported between the two locking positions? _____ Does the aerial include a positive stop for the monitor at the outermost rung of the outermost fly section? _____ If not, can the waterway become a projectile if not properly fastened and the waterway charged? _____			
<b>Does the aerial device in your proposal have rung covers?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", you must complete the information below.
If "YES", how many rungs are on the entire device? _____ What material is used for the rung covers and how are they fastened to the rung? _____ What is the cost* per rung ( <b>labor and materials</b> ) to replace the rung cover? _____ (*Estimates may be verified via random calls to users) What is the expected life of your rung cover? _____ Are the rung covers susceptible to melting, peeling, splitting, or drying out? _____			
<b>Is the aerial device in your proposal a painted aerial device?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", you must complete the information below.
Starting with the outermost fly section and working toward the base, what is the estimated parts and labor to repaint each section ( <b>include removal, disassembly, and assembly</b> )? Fly section 1: \$ _____ Fly section 2: \$ _____ Base Section: \$ _____ Total Aerial Device: \$ _____			
<b>If you answered "yes" to the previous question, does the aerial paint have the same warranty as the cab and body?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO", you must complete the information below.
If "NO", how long is the paint warranty on the aerial device? _____ If "NO", are special procedures and paints required to retain any part of the aerial warranty? If yes, what? _____			

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<b>Is the aerial device in your proposal constructed of any other material than aluminum?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES", you must complete information below and the next question.
If "Yes", what metallurgical alloy is being utilized? _____ What is the tensile strength of the metal being used? _____psi If different, what other metallurgical alloys or tensile strengths are being used for other parts of the aerial device (rungs, etc)? _____ _____			
<b>If you answered yes to the previous question, do you have adequate rust preventative measures that provide the same life expectancy as aluminum?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", you must complete the information below.
If "YES", what process are you using? _____ What additional weight is added to the aerial device for this process? _____lbs. _____% Does this additional weight negatively impact your rated capacity? _____ If yes, how? _____ How does this change your warranty against corrosion? _____ In the case of an "after delivery" ladder repair that requires welding, please document the required process to bring the internal surfaces of the aerial back to the same protection level as if new? _____ _____ -			
<b>Do you offer the proposed aerial device in different construction materials (example: aluminum ladder and a steel ladder)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", you must complete the information below.
If "YES", please list (aluminum, steel, stainless, etc)? _____ If "YES", which one of these materials is "best" suited for the fire apparatus industry? _____ _____			

<h2 style="margin: 0;">Aerial Testing Questionnaire</h2>
Information Required from the <u>Aerial Manufacturer</u> :

The aerial manufacturer (the company that welds the aerial weldments and support structure weldments) shall answer the following questions and provide all requested documents, certifications, or verifications in order to be considered as a qualified aerial manufacturer. All documents required from a third party, independent, structural engineer shall bear the engineer's name, license number, state where licensed, and the engineer's professional seal certifying the information as requested. Please provide any needed explanations on a separate sheet. Each answer shall reference the question number. Failure to supply the requested information or if the submitted information does not match the product proposed can be deemed as a "non-responsive bid" by the department.

Question:	Response: Check appropriate box.	Required Documentation:
<b>Does the <u>aerial manufacturer</u> have every ladder it manufactures tested by a third party professional testing company?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "NO", your aerial does not meet our requirements.
<b>Please provide the 3<sup>rd</sup> party professional testing company name, their address and phone number, <u>and</u> a copy of the tests that are performed? Have you provided this info?</b>  Aerial Manufacturer's Comments: Name: _____ Address: _____ City, State, Zip: _____ Phone Number: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, this information is required. You must supply the document as part of your bid package.

**Rated Capacity** - The total amount of weight of all personnel and equipment that can be supported at the outermost rung of an aerial ladder or on the platform of an elevating platform with the aerial device placed in the horizontal position at its maximum horizontal extension when the stabilizers are fully deployed.

**Live Load** - Forces acting on the aerial device from personnel, portable equipment, water, and nozzle reaction.

Criteria	Vendor Response	Answer Key
<b>Aerial Model Proposed</b>		Alpha-Numeric (Example: AA123)
<b>Year Model Proposed</b>		Numeric (Example: 2009)
<b>Overall Travel Height</b>		Feet/Inches



Overall Travel Length		Feet/Inches
Front Departure Angle		Degrees
Rear Departure Angle		Degrees
Tank Size		Gallons
Pump Brand and Rating		Vendor/GPM
Ground Ladder Package (quantity, length, section, extension ladders, roof ladders, and attic ladders)		Example: (2) 35ft. 2 section, (2) 16 ft. 2 section, (1) attic ladder
Hose Loads - Crosslays		Size/Feet
Hose Loads - Hosebed		Size/Feet
Total compartmentation		cu. ft.
Wheelbase		Inches
“Rated Capacity” (at zero degrees) as defined by NFPA		lbs.
“Live Load” (at zero degrees) as defined by NFPA		lbs.
Equipment load		lbs.
Is this equipment load in addition to the rated capacity?		Yes or No
Horizontal Reach		Feet/Inches
Vertical Reach		Feet/Inches
Angle of Operation		Degrees
Aerial Structural strength “dry”		Example: 2.0 to 1
Aerial Structural strength “while flowing water”		Example: 2.0 to 1
Torque Box RBM (resistance to bending moment)		RBM’s
Torque Box section modulus		cu. in.
Number of aerial sections		Numeric (1-5)
Base Section Width		Inches
Base Section Handrail Height		Inches
1 <sup>st</sup> Fly Section Width		Inches
1 <sup>st</sup> Fly Section Handrail Height		Inches
2 <sup>nd</sup> Fly Section Width		Inches
2 <sup>nd</sup> Fly Section Handrail Height		Inches
Base Section Width (ID)		Inches
Base Section Handrail Height		Inches
Monitor sweep at 1000 GPM.		Degrees side to side, vertical (up and down)
Are pins required in the jacks for safety? (Must agree with your operation manual)		“Yes” or “No”.
Width of jack spread when fully deployed	Front: Rear:	Feet/Inches
What is the maximum allowable grade at full tip load, full extension, while at zero degrees elevation?		Degrees, <b>not</b> percent.
What is the maximum allowable slope at full tip load, full extension, while at zero degrees elevation?		Degrees, <b>not</b> percent.
When properly set up, does the yellow section of either inclinometer indicate a change in the allowable tip load at zero degrees and if so, how?		Yes or No. Example: Tip load is cut in half.

Do the load charts on the apparatus indicate these operational restrictions that you outlined in the previous questions?		Yes or No.
Do the load charts on the apparatus indicate the allowable distributed loads?		Yes or No.
A load chart is required documentation and must <u>match</u> the aerial device in your proposal. Have you supplied this document?		Yes or No.
Training/Operation/Maintenance manuals may be requested to validate operational limits. Do you agree to supply if requested?		Yes or No.
The department may request a demo of the proposed aerial device. The purpose of this demo will be to test the operation of the aerial device as well as the stability of the vehicle. This will include apparatus setups on grades and slopes with all vehicle tires off the ground and at full advertised tip loads. Do you as the manufacturer have any stability concerns when operating at rated tip load, full extension at zero degrees, for a full 360 sweep?		Yes or No. If yes, you must define your safety concerns.

Custom Cab and Chassis and Body Questionnaire

Question:	Response: Check appropriate box.	Required Documentation:
<b>For the proposed custom cab, complete the following information:</b>  <b>Cab Roof</b> <b>Cab Rear Wall</b> <b>Cab Side Walls</b> <b>Cab Floor</b> <b>Cab Doors</b> <b>Cab Front Fascia</b> <b>Cab Roof Perimeter (if applicable)</b> <b>Cab Roll Cage (if applicable)</b>	<b>Material Used:</b>  _____ _____ _____ _____ _____ _____ _____ _____	<b>Construction Methods:</b>  _____ _____ _____ _____ _____ _____ _____ _____
		Material information should include material thickness and type material used. Construction information should include manufacturing technique such as welded extruded, industrial adhesives, or formed construction.

<p><b>For the proposed custom cab, have the cab and chassis design been 3<sup>rd</sup> party crash tested to ECE-R29 European Crash Standards? What did these tests include?</b></p> <p>Static Load? _____ lbs. Frontal Impact? _____ lb. ft.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>You must supply a copy of 3<sup>rd</sup> party test certification for the proposed cab and any pictures to support the testing.</p>
<p>If "YES", please provide a letter from a testing company or third party professional engineer verifying the test results. A video or photographs of the crash testing is also desired by the purchaser. If "NO", please provide photos of front impact and rollover accidents that have occurred with the same model chassis and explain the circumstances of the accident.</p>			
<p><b>For the proposed custom cab, have the cab and chassis design been 3<sup>rd</sup> party crash tested to SAE Crash Standards? What did these tests include?</b></p> <p>J2420? _____ lb. ft. J2422? _____ lb. ft.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>You must supply a copy of 3<sup>rd</sup> party test certification for the proposed cab and any pictures to support the testing.</p>
<p>If "YES", please provide a letter from a testing company or third party professional engineer verifying the test results. A video or photographs of the crash testing is also desired by the purchaser. If "NO", please provide photos of front impact and rollover accidents that have occurred with the same model chassis and explain the circumstances of the accident.</p>			
<p><b>For the proposed custom cab, is the cab and chassis (as a unit) purchased from a separate vendor?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>If "YES", you must complete the information below.</p>
<p>If "YES", who was the manufacturer? _____</p>			
<p><b>For the proposed custom cab, is the chassis purchased from one vendor while the cab is supplied by another?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>If "YES", you must complete the information below.</p>
<p>If "YES", who was the manufacturer of the chassis? _____ If "YES", who was the manufacturer of the cab? _____</p>			
<p><b>For the proposed custom cab and chassis, is the torque box purchased from a separate vendor and installed on the chassis at a later date?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>You must complete the information below.</p>
<p>If "YES", who was the manufacturer? _____</p>			
<p><b>For the proposed custom cab, are overlays used for cab appearance panels?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>If "YES" you must complete the information below.</p>
<p>If "YES", how do you insure moisture is not trapped between surfaces? _____</p>			
<p><b>For the proposed custom cab, are the construction materials and manufacturing methods equal to the "best" cab you have to offer?</b></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>If "NO" you must complete the information below.</p>

If "NO", what are the materials and construction methods used in the "best" cab you have to offer? _____			
How does the cab you have proposed differ? _____			
Question:	Response: Check appropriate box.		Required Documentation:
<b>For the proposed custom body, complete the following information:</b>  <b>Body Sub-Frame</b> <b>Body Front Fascia</b> <b>Body Rear</b> <b>Body Sides</b> <b>Body Compartments</b> <b>Hosebed Sides</b> <b>Hosebed flooring</b>	<b>Material Used:</b>  _____ _____ _____ _____ _____ _____	<b>Construction Methods:</b>  _____ _____ _____ _____ _____ _____	Material information should include material thickness and type material used. Construction information should include manufacturing technique such as welded extruded, industrial adhesives, or formed construction.
<b>For the proposed custom body, does the body manufacturer offer different body construction techniques (fully extruded, formed, poly, huck bolted, etc.)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, you must complete the additional questions below.
If "YES", which construction method is used on your "top of the line" product offerings? _____ If "YES", do warranty coverages differ based on the construction methods? Yes/No _____ If yes, how? _____ _____			
<b>For the proposed custom body, have you proposed a body that is equal to your "top of the line" body construction?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, you must complete the additional questions below.
If "NO", why? _____			
<b>For the proposed custom body, is the sub-frame a different material than the main body?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, you must complete the additional questions below.
If "YES", please provide details of how you provide corrosion protection caused by use of dissimilar metals. _____ _____ Corrosion Isolators come in different thicknesses. What is the minimum thickness corrosion isolator that is used between your body and frame? _____ Do you offer options that will provide an additional corrosion protection? If yes, please provide details: _____ _____			

<b>For the proposed custom body, if the sub-frame is anything other than aluminum, do you have adequate corrosion protection to equal that of aluminum?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, you must complete the additional questions below.
<b>For the proposed custom body, is 100% of the construction method considered welded extrusion construction?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, you must complete the additional questions below.
If "NO", what percent of the proposed body is considered welded extrusion construction? _____%			
If "NO", how would you describe your proposed body construction? _____			
<b>For the proposed custom body, are compartments separated by dual wall construction.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO" you must complete the information below.
If "NO", how is wiring protected from getting damaged or snagged by equipment located in the compartment? _____			
If "NO", how is equipment protected from getting damaged from exposed nuts and cap screws? _____			
<b>For the proposed custom body, is body strength designed around a free standing extruded structure?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>For the proposed custom body, is body strength dependent on compartment fabrication and installation?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>For the proposed custom body, are compartment floors diamond plate.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO" you must complete the information below.
If "NO", what material is used? _____			
If "NO", is diamond plate available as an option? Yes/No _____			
<b>For the proposed custom body, do ladder tunnels include Nylatron type slide pads?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "NO" you must complete the information below.
If "NO", what material is used? _____			
If "NO", are Nylatron slide pads available as an option? Yes/No _____			
<b>For the proposed custom body, are overlays used for body appearance panels?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "YES" you must complete the information below.
If "YES", how do you insure moisture is not trapped between surfaces? _____			
<b><u>Selling Vendor Proposal Overview</u></b>			

The following vehicle is being proposed in response to your request.

Custom Cab is fabricated by:

Vendor: \_\_\_\_\_ Model: \_\_\_\_\_ Final Warranty Decisions are made by: \_\_\_\_\_

Cab Construction: **Check Appropriate Boxes** – Formed  Extruded  Industrial Adhesives

Cab Materials: **Check Appropriate Boxes** - Aluminum  Stainless  Galvanneal

Custom Chassis is fabricated by:

Vendor: \_\_\_\_\_ Model: \_\_\_\_\_ Final Warranty Decisions are made by: \_\_\_\_\_

Apparatus Body is fabricated by:

Vendor: \_\_\_\_\_ Model: \_\_\_\_\_ Final Warranty Decisions are made by: \_\_\_\_\_

Apparatus Body Construction: **Check Appropriate Boxes** – Formed  Extruded  Huck Bolted

Apparatus Body Materials: **Check Appropriate Boxes** - Aluminum  Stainless  Galvanneal

Are dissimilar metals used in the construction of the apparatus body? **Check Appropriate Box** - Yes  No

Apparatus Device is fabricated by:

Vendor: \_\_\_\_\_ Model: \_\_\_\_\_ Final Warranty Decisions are made by: \_\_\_\_\_

Apparatus Device Construction: **Check Appropriate Boxes** – Welded  Huck Bolted

Apparatus Device Materials: **Check Appropriate Boxes** - Aluminum  Steel  Stainless

Dealer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Salesman: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Key Contact: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

As an authorized representative of the submitting agent, I understand it is a requirement to complete all pages of the questionnaire in order for my proposal to be considered. Supplying incomplete or false information can result in my proposal being deemed "non-responsive".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title