

Date: \_\_\_\_\_ Surveyor Name/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Building/Job Name: \_\_\_\_\_

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

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

Ship to: ☐ Service Provider Address ☐ Building Address

Special Shipping Information: ☐ Pre-scheduled Delivery Required ☐ Lift Gate Required for delivery ☐ 24 HR Notice

Special Shipping Notes: \_\_\_\_\_

### Cab Shell Information:

Number of Identical Cabs: \_\_\_\_\_ Cabs Weight Capacity: \_\_\_\_\_ Cab ID #'s: \_\_\_\_\_

### Door Location:

☐ SL ☐ SC ☐ SR ☐ Other  
(Please Draw Below)

☐ DL ☐ DC ☐ DR

### Cab Shell Construction:

☐ Steel ☐ Wood  
☐ Modular (skeleton)

CRITICAL!!  
We MUST know if your cab  
is modular for proper wall  
mounting.

### Cab Dimensions & Emergency Hatch Location:

Please ensure that all measurements are taken from inside the actual cab with existing wall panels removed.  
Measurements should be exact to 1/16th of an inch.

### Cab Height Dimensions:

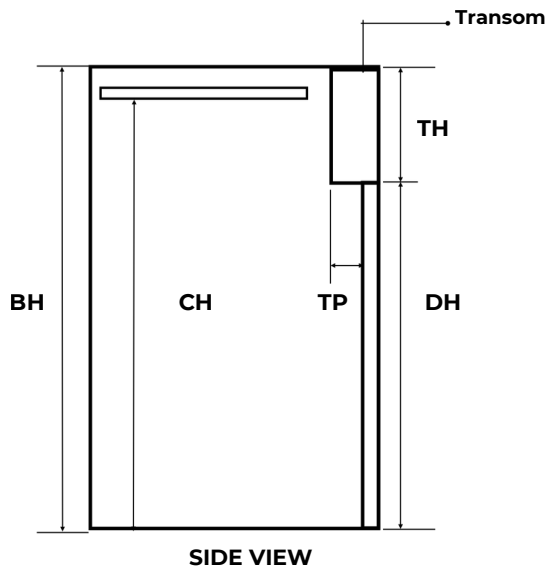
\_\_\_\_\_: (DH) Door Height

\_\_\_\_\_: (TH) Transom Height

\_\_\_\_\_: (BH) Back Wall Height

\_\_\_\_\_: (CH) Ceiling Height

\_\_\_\_\_: (TP) Transom Projection

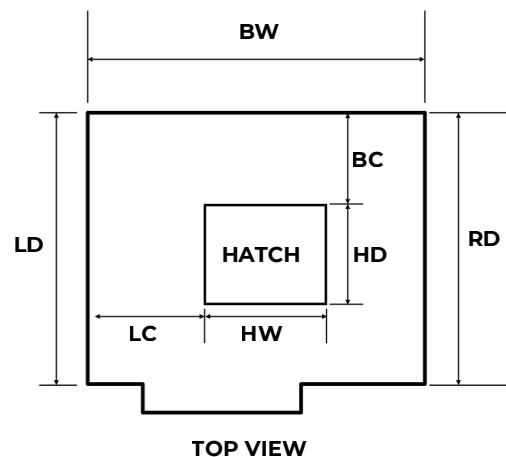


### Cab Wall Dimensions:

\_\_\_\_\_: (BW) Back Wall Width

\_\_\_\_\_: (LD) Left Wall Depth

\_\_\_\_\_: (RD) Right Wall Depth



### Cab Hatch Dimensions:

\_\_\_\_\_: (LC) Left Clearance \_\_\_\_\_: (HD) Hatch Depth

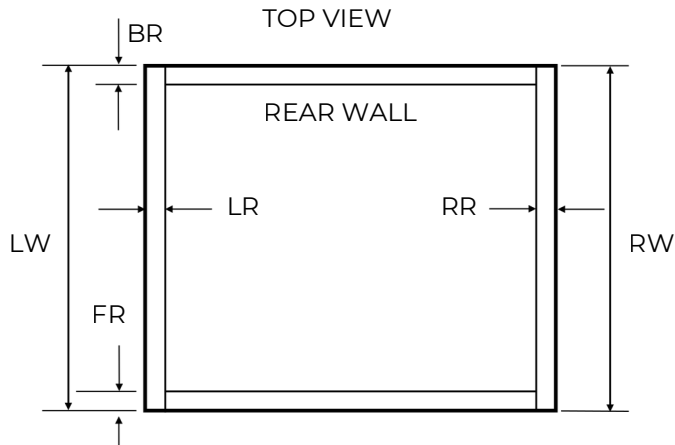
\_\_\_\_\_: (BC) Back Clearance \_\_\_\_\_: (HW) Hatch Width

Supervisor's Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Surveyor Name/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

### Protruding Rim Measurements:

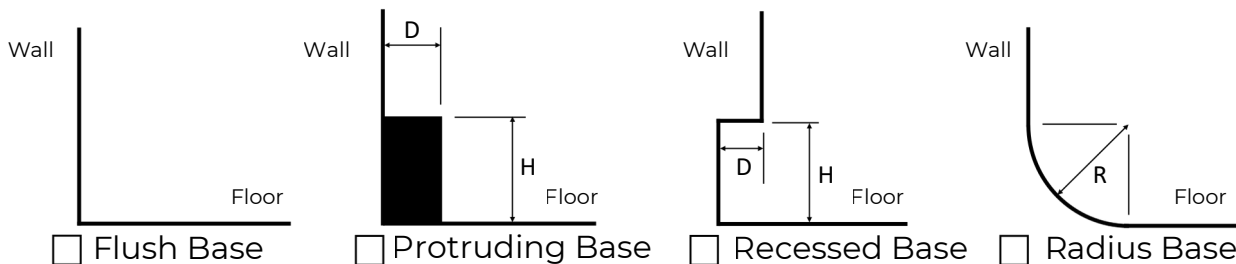
If no protruding rim exists on a particular wall, please write 'none' for that particular measurement.



Width	Height
_____	_____ Front Rim ( <b>FR</b> )
_____	_____ Back Rim ( <b>BR</b> )
_____	_____ Left Rim ( <b>LR</b> )
_____	_____ Right Rim ( <b>RR</b> )

### Existing Base Configuration:

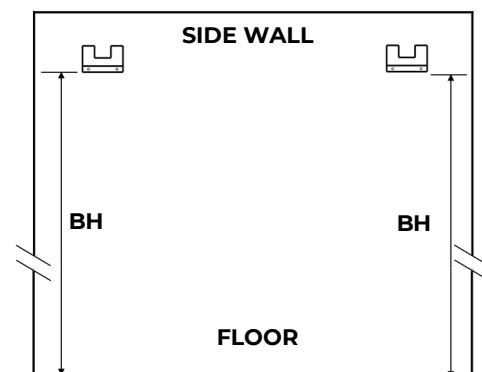
Check the base below that most accurately details how base will look after existing panels are removed.



Base Depth (**D**): \_\_\_\_\_ Base Height (**H**): \_\_\_\_\_ Base Radius (**R**): \_\_\_\_\_

*Disregard this section if there are no brackets mounted on the side wall.*

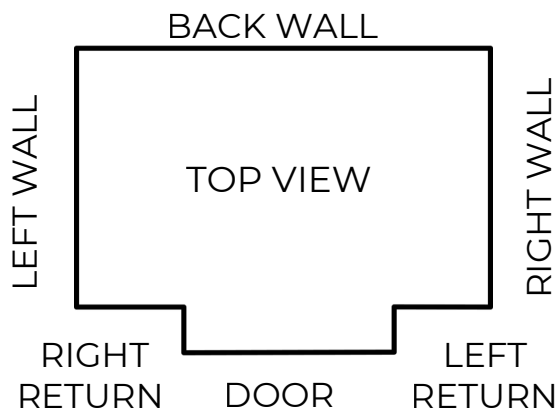
Bracket Height (**BH**): \_\_\_\_\_



Supervisor's Initials: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Surveyor Name/Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Choose Desired Upgrade Options:



- ☐ Back Wall
- ☐ Left Wall
- ☐ Right Wall
- ☐ Left Return Wall
- ☐ Right Return Wall

Please note when marking return walls:  
Left/Right Reference is made from inside  
the cab, looking out. See reference  
drawing for clarification.

**Specify Additional Notes / Concerns:**

Please use this additional space to note any non-standard details about the cabs to be upgraded. Attach photographs here, or send scanned images / digital photos to our sales team: [sales@quickcabs.com](mailto:sales@quickcabs.com)

\* Reference the “Job Name” in the e-mail subject line so that we can assure the photos are placed with your file.

[illegible]

**Supervisor's Initials:** \_\_\_\_\_