

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

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

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

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

Ship to:  Service Provider Address  Building Address

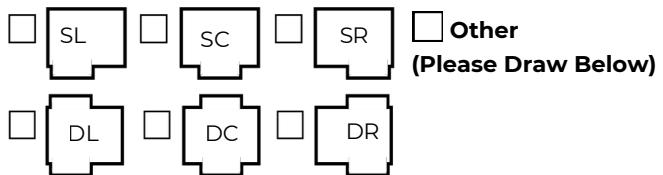
**Special Shipping Information:**  Pre-scheduled Delivery Required  Lift Gate Required for delivery  24 HR Notice

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

### **Cab Shell Information:**

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

### **Door Location:**



### **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:**

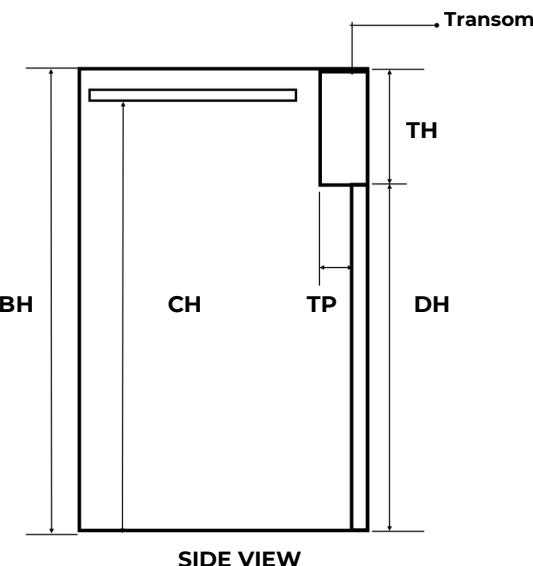
\_\_\_\_\_:(DH) Door Height

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

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

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

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

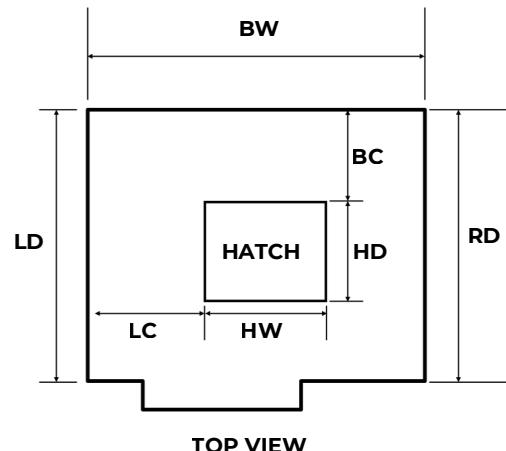


#### **Cab Wall Dimensions:**

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

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

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



#### **Cab Hatch Dimensions:**

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

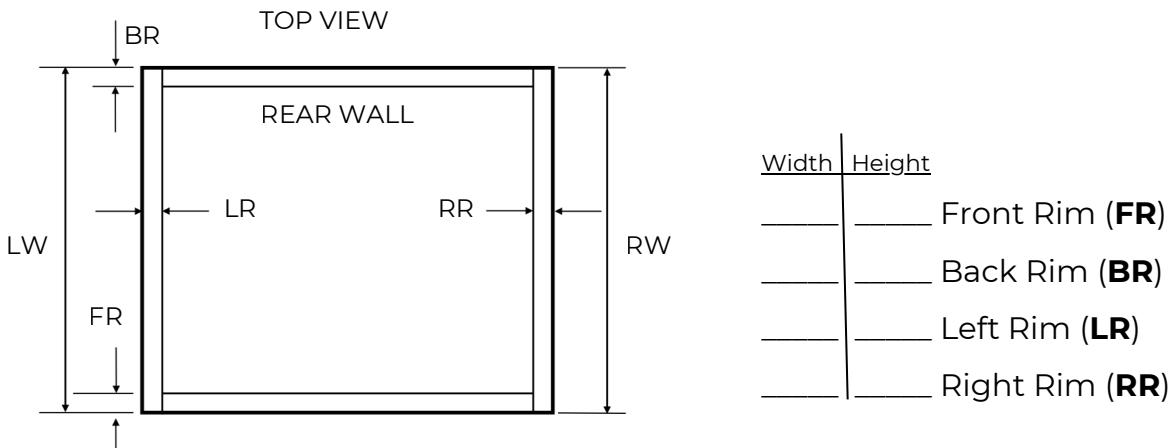
\_\_\_\_\_:(BC) Back Clearance \_\_\_\_\_:(HW) Hatch Width

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

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

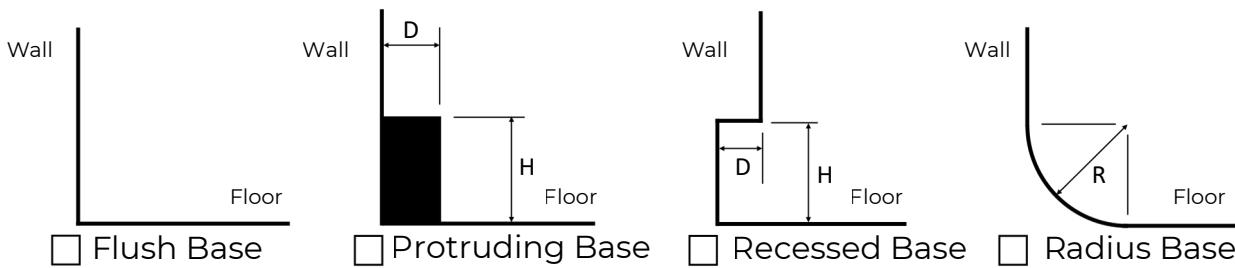
**Protruding Rim Measurements:**

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



**Existing Base Configuration:**

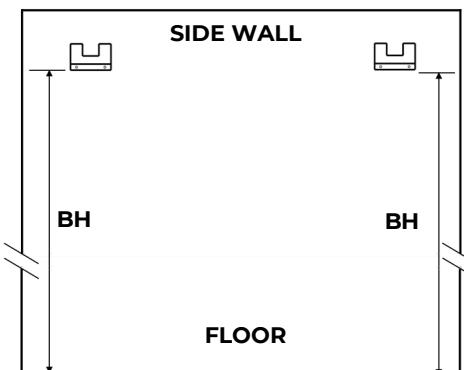
Check the base below that most accurately details how base will look after existing panels are removed.



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**): \_\_\_\_\_

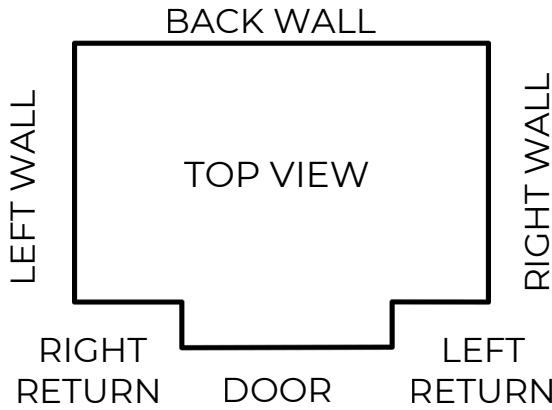


Supervisor's Initials: \_\_\_\_\_



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.

**Supervisor's Initials:**