

MUST BE FILLED OUT FOR FORK LIFT CLEARANCE INTO THE KILN

Date: _____ Agent: _____

Plant Name: _____

Plant Address: _____

Contact Name: _____

Contact Tel: _____

Contact Email Address: _____

NOTE: ACCURATE MEASUREMENTS ARE IMPERATIVE TO ENSURE CLEARANCE FOR YOUR EQUIPMENT

MAKE / MODEL _____

FORK LIFT DIMENSIONS

A (Cage / Cab Width) : _____

B (Outside of wheels width / widest width): _____

C (Mast height loaded for traveling) : _____

D (Cage / Cab height if taller than mast): _____

