



**Lift Technologies, Inc.**  
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# RFQ for Masts

Date:

Date Required:

AED

## CONTACT

<b>Dealer</b>	<b>OEM</b>		
<b>Company:</b>		<b>Phone:</b>	<b>Fax:</b>
<b>Address:</b>		<b>E-mail:</b>	
<b>City:</b>	<b>State:</b>	<b>Contact:</b>	
<b>Zip:</b>	<b>Country:</b>	<b>Lift-Tek Contact:</b>	

## TRUCK INFORMATION

<b>Truck OEM:</b>	<b>Truck Model:</b>	
<b>Serial #:</b>	<b>Truck capacity with mast (lbs):</b>	<b>OEM Rating</b>

## MAST INFORMATION

<b>Mast Model:</b>		<b>Overall lowered height:</b>	<b>OAL Restriction?</b>
<b>Mast Capacity:</b>		<b>Maximum fork height:</b>	
<b>Load Center:</b>		<b>Maximum freelif height:</b>	
<b>Quantity:</b>		<b>Underclearance:</b>	
<b>Mounting Class:</b>	1    2    3    4	<b>Carriage Width:</b>	
<b>Number of rollers:</b>	4    6	6 carriage rollers recommended for attachments. Please inquire for 8 roller options.	
<b>Sideshifter:</b>	Integral SS    ISS FP	<b>Width:</b>	
	Hang-on    Fixed Carriage FP	<b>Stroke:</b>	
	None		
<b>Load Backrest:</b>	x	<b>Heavy Duty LBR required?</b>	
<b>Hose Reeving:</b>	Single Function (3rd)	<b>Cold Storage</b>	<b>Adaption (High termination) kit:</b>
	Double Function (4th)	<b>Cable Reeving</b>	RH    LH    QD Couplers
	None	<b>Other</b>	Both
<b>Planned Attachments:</b>	Sideshifter	<b>Install kit</b>	<b>Attachment Part #:</b>
	SS Fork Positioner	<b>Has mast been evaluated with specified attachment?</b>	<b>Attachment OEM:</b>
	Single/Double		
	Carton Clamp		
	Other		

## APPLICATION

**Are you using push back racking?**      Contact LTI when push back racking systems are used to determine maximum allowable mast pushing force specification.

**Does the application involve offset loads or wide loads?**

**Description of Application (including critical specifications, load types and operating environments, expected attachments):**

**Do you need critical mast specifications for OEM data plate raiting (Form 29)?**