



Lift Technologies, Inc.
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RFQ for Masts

Date:

Date Required:

AED

CONTACT

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

TRUCK INFORMATION

Truck OEM:	Truck Model:	
Serial #:	Truck capacity with mast (lbs):	OEM Rating

MAST INFORMATION

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