

Used Equipment Condition Report
(not for Trucks/Trailers/Construction/Material handling Equipment)

Applicants Name / Number _____

Year Manufactured _____

Manufacturer _____

Model _____

of hours / Impressions / Usage _____

Primary Function _____

Description _____

All Accessories (w/ model # and s/n) _____

Condition	G = Good	F = Fair	P = Poor
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Overall Condition _____

(include date of last maintenance/service)

PHOTO'S ATTACHED YES / NO

Print Name-Company-Title **Date/Phone Number**

Signature

Signer has personally inspected the subject equipment.

Broker Signature

Date

Required if report not completed by broker or broker's representative.

A FACSIMILIE OF THIS REPORT WITH SIGNATURES SHALL BE CONSIDERED TO BE AN ORIGINAL.