

Capacity Rating Request Form

Professional Forklift Engineering Services, LLC

3443 Henrietta Hartford Road
Mt. Pleasant, SC , USA
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Company Name: _____

To the Attention of Requestor: _____

(Street) (City) (State) (Zip Code)

Phone: _____

Forklift Information (From Data Plate on Forklift)

Model No. _____

Serial No. _____

CURRENTLY EQUIPPED

1. Mast Max. Fork Height (in/mm) _____
2. Mast Type (i.e. 2-stage, Duplex, Triplex, Quad) _____
3. Carriage Width (in/mm) _____
4. Carriage Type (Standard or integral sideshifting) _____
5. Load Backrest Yes _____ No. _____
6. Fork Size (length x width x thk in/mm) _____ Qty _____
7. Drive Tire Size / Type _____ / _____
8. Fuel Type? Diesel ___ Gas ___ LP ___ Dual Fuel ___ CNG ___ Battery ___
9. Min Battery Wt. _____ Battery Compartment Size _____
10. Indicated Capacity (lb/kg) _____ @ _____ (in/mm) load center

Attachment #1 Information

1. Attachment Model # _____
2. Attachment Type (i.e. Hang-on sideshifter, Fork Positioner, etc) _____
3. Attachment Manufacturer _____

Attachment #2 Information

1. Attachment Model # _____
2. Attachment Type (i.e. Hang-on sideshifter, Fork Positioner, etc) _____
3. Attachment Manufacturer _____

Attachment #3 Information

1. Attachment Model # _____
2. Attachment Type (i.e. Hang-on sideshifter, Fork Positioner) _____
3. Attachment Manufacturer _____