

N° Order	Dated

1 - AIRMEEX France		Country: France	
2 - CUSTOMER			
Name	
Address		Street: No :	
		Postal code: City / Town	
		Country:.....	
		Telephone number:	
		Fax number.....	
		Address e_mail:	
The place where the forklift will be used:		Operating time per day (h).....	
Floor : Cement <input type="checkbox"/> Resin <input type="checkbox"/> or Mixed <input type="checkbox"/>		Soil condition Good <input type="checkbox"/> or Bad <input type="checkbox"/>	
Ramp %..... Lenght		Ascendente <input type="checkbox"/> Descendente <input type="checkbox"/> Charg <input type="checkbox"/>	
Using indoor <input type="checkbox"/> or outdoor <input type="checkbox"/>		Park machine indoor <input type="checkbox"/> or outdoor <input type="checkbox"/>	
3 - CONDITIONS OF OPERATION - GENERAL.			
Ambient temperature ° C.		Maxi	Mini
Extreme Temperatures ° C.		Maxi	Mini
Description extreme conditions.			
Average temperature ° C.			
Type of activity			
(Short description)			
4-CLASSIFICATION OF DANGEROUS AREAS according to European Standards			
Dangerous Area (Gas)		Dangerous Area (Dust)	
ZONE1 <input type="checkbox"/> or ZONE 2 <input type="checkbox"/>		ZONE21 <input type="checkbox"/> or ZONE 22 <input type="checkbox"/>	
(CAT 2G) (CAT 3G)		(CAT 2D) (CAT 3D)	
Dust conductor ? <input type="checkbox"/>		Temperature Layer Active / Temperature at Spark Point (°C).....	
Name of the product (s):.....			
Group IIIA..... <input type="checkbox"/>		or IIIB..... <input type="checkbox"/>	
		or IIIC..... <input type="checkbox"/>	
Gas Group IIA..... <input type="checkbox"/>		or IIB..... <input type="checkbox"/>	
		or IIC..... <input type="checkbox"/>	
TEMPERATURE CLASS		T3 (200°C)	T4 (135°C)
		<input type="checkbox"/>	<input type="checkbox"/>
			T5(100°C)
			<input type="checkbox"/>
Other (s) (C°).....			

5- MACHINE TYPE

Capacity :
 Quantity :
 Mark :
 Type :

6- OTHER STANDARDS OR REQUIREMENTS / SPECIAL CONDITIONS

Country of use Language of the operator:

Required Local Inspection / Certification (Note: Additional costs apply)

If required, Please specify the organization:

Type of conversion:

Other specification (refrigerant spec.).....Specify:.....

7- OTHER INFORMATION-OPTIONS

Specify quantity when required

LIGHTS :

- Front working light
- Rear working light
- Front Indicators (x2)
- Rear indicators (x2)
- Front lights (x2 white)
- Brake / Rear light (x2 Red)
- Flashlight
- Front electric wiper
- Front wiper
- Rear wiper electric
- Rear-wiper
- Recoil Beep
- CABIN - Rigid
- CABIN _ Soft
- CABIN heating

Other Options: Specify

Seat

	2G/2D	3G/3D
Standard fabric seat	N/A	<input type="checkbox"/>
ATEX Driver Seat	<input type="checkbox"/>	N/A
Standard battery provided	Yes <input type="checkbox"/>	NO <input type="checkbox"/>

PART 1 - To be completed by FINAL USER

I, the undersigned, **FINAL USER?** Certifies that the information given is correct and complete and can be used as background information to construct the explosion-proof forklift in question

Dated _____

Signature

Name

Title

Company name

PART 2-Must be completed by AIRMEEX

I, the undersigned....., Certifies that I have verified all the information mentioned above.

Dated _____

Signature

Name

Title

Company name