

1. 9I dcqi fY.

- (a) Indicate anticipated sales for cranes or aerial devices manufactured by you: \$ _____
- (b) Indicate anticipated sales for cranes or aerial devices installed by you: \$ _____
- (c) Anticipated sales of aerial devices or cranes manufactured by others: \$ _____
- (d) Anticipated receipts for installation, service or repair work on cranes and aerial devices: \$ _____
- (e) When did you begin selling/installing or distributing these products? _____
- (f) For the past five years, provide a breakdown of your sales for these products:

_____	_____	_____	_____	_____
Current Year	First Prior	Second Prior	Third Prior	Fourth Prior

- (f) What businesses are your customers in? _____

ü ***Provide pictures, diagrams and/or a detailed description of these products, including height and load capacity***

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- (a) Do you, or the manufacturer of your product, provide operating instructions? Yes No
- (b) Attach a copy of operating instructions.
- (c) If a distributor, do manufacturers hold you harmless? Yes No
- (d) Do you obtain Certificates of Insurance from all suppliers? Yes No
- (e) Is the finished product clearly labeled for load capacity? Yes No
- (f) Do you test cranes or aerial devices for stability? Yes No
- (g) Does your manufacturer require test results to be filed with the manufacturer? Yes No
- (h) What is the maximum vertical height reached by the cranes or aerial devices? _____ feet
- (i) Do you install any device or product that lifts humans or is designed to dig holes? Yes No
- (j) Describe technical training provided to distributors of your products:

- (g) Describe your customer complaint management program:
- _____
- _____

- (h) Describe your products recall program:
- _____

Are your products clearly identifiable?	Yes	No
Do you maintain a record of product sales for the life of the product?	Yes	No

(i) Describe your quality control program:

(j) Do you retain video tapes or photographs of finished product prior to shipment? Yes No

(k) Are there warning labels on all completed products? Yes No

(l) Describe your safety program:
