

# Vehicle Lift Turning Plate Details

Please supply the following details and Fax to: 0114 255 7171  
or Email: purchases@prosol.co.uk

Company Name: .....

Tel: .....

Attention Of: .....

## Vehicle Lift Details *(Please provide as much detail as possible from the Lift Plate)*

Manufacturer: .....

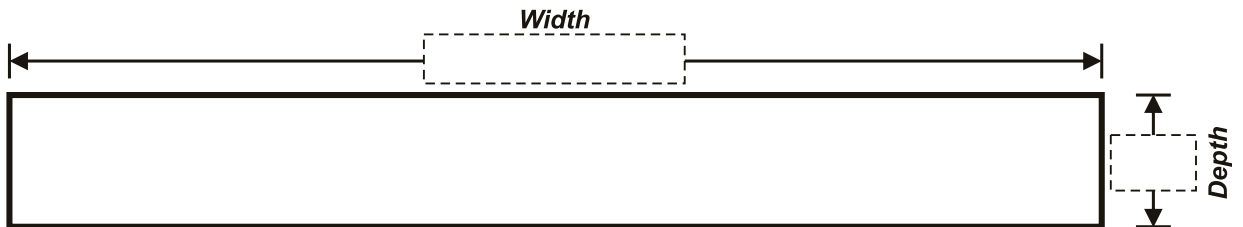
Year: .....

Model No: .....

SWL (Specify Kilo's or Tonnes) .....

Serial No: .....

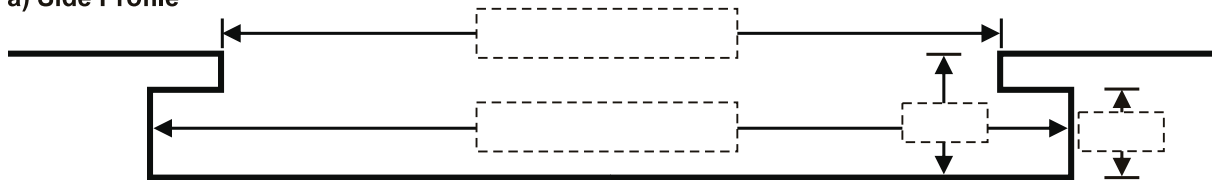
### Flat Platform *Please insert your measurements in the dotted line box's below (in mm's)*



*When no recess is provided the radius plates have to accommodate the platform profile.*

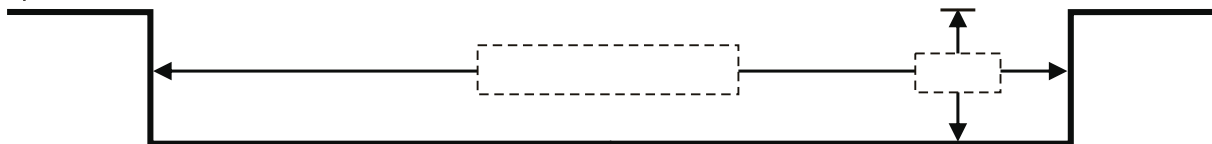
### Recessed Platform *Please insert your measurements in the dotted line box's below (in mm's)*

a) Side Profile



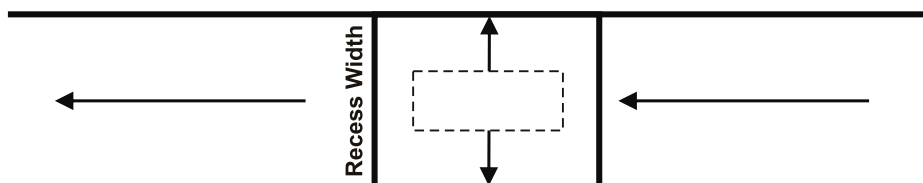
**TYPE 1**

b) Side Profile



**TYPE 2**

+ specify the width for either type (in mm's)



### Jacking Beam Position *(Please Tick a Box)*

A: Is the Jacking Beam on Top of the Platform

B: Is the Jacking Beam on an Inner Rail of the Platform