



\* User entry required

# BUCKET INQUIRY FORM

Dealer: *	Client: *
Location:	Location:
Contact e-mail:	Contact e-mail:
Phone:	Phone:
Fax:	Fax:

1. Machine data	Excavator Backhoe                  Excavator Front shovel                  Wheel loader                  Underground
	Machine Manufacturer: * <span style="margin-left: 300px;">Machine Model: *</span>
	Boom length: <span style="margin-left: 300px;">Stick length:</span>

2. Bucket data	<b>Dimensions:</b>	<b>Protection:</b>	
	Capacity (liters or m3): *	<i>Inside:</i>	<i>Outside:</i>
	Bucket width (outside) *	Wear bars	Wear bars
	Bucket mass limit:	Rolled liners to half height	Chocky bar
	Linkage type:    Direct                  Quick coupler If Quick coupler, specify type:	Rolled liners to full height  Other:	Wear buttons                  Heel shrouds Grouser bars  Other:
<b>Additional requirements</b> (ex: floating pins, construction materials, hige lift, etc)			

3. Lip assembly data	<b>For excavators (backhoe and front shovel)</b>		<b>For Wheel loader</b>		<b>For Underground</b>	
	Ripper:	Bucket:	Lip assembly brand:	Lip assembly brand:	Lip assembly brand:	Lip assembly brand:
	Lip type: *		Lip protection: Milk teeth	Lip type: *	Lip type: *	Lip type: *
	Teeth system:		Wear plates	Cutting edge system: *	Cutting edge system: *	Cutting edge system: *
	Type of teeth:		Front list protector	Type of teeth (if Combi):	Type of teeth (if Combi):	Type of wear plates:
<b>Operating Conditions</b>					Abrasiveness: *	
Describe: (material, density, abrasiveness, moisture, etc.)					Density of material (kg/m3): *	

Additional information / request:			
Date: *	Place: *	Person filling out this form: *	Phone: *

Submit the form by e-mail. To start this process, please click the button labeled "Submit Form".

Tip: Save or print this form for your own files.

KOMATSU KVVX LLC



Plogfabrikkvegen 9, 4353 Klepp Stasjon, NORWAY  
 Tel. +47 51 78 50 80    Fax +47 51 78 50 81  
 E-mail kvx@kvx.no    Internet www.kvx.no

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