



\* User entry required

# G.E.T. INQUIRY FORM – FRONT SHOVEL

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

1. Machine data	Machine Manufacturer: *	Machine Model: *
	Current Hrs:	Serial No M/C::
	Bucket Manufacturer: *	Serial No Buck:

2. Bucket data		Bucket capacity _____ m <sup>3</sup> SAE
		A: Overall width base plate *) _____ mm
		<b>B: Inside width base plate *</b> _____ mm
		C: Width front of base plate _____ mm
		<b>D: Thickness of Side plates *</b> _____ mm
		E: Thickness of Base Plate _____ mm
		F: Depth of base plate (sides) _____ mm
G: Depth of base plate (centre) _____ mm		
<p>Note: Should lower side plates (incorporated by KVX) be required, include separate sketch of shape and size needed.                  *) The width take in account some extra material, at least half of the thickness of the side plate. This is needed for welding purpose.</p>		

3. Lip assembly data	Operating Conditions Describe: (material, density, moisture, etc.)		Lip data:	
			Lip type: *	Lip protection: Milk teeth
			Teeth system:	Wear plates Front list protector
	Abrasiveness: *	Density of material (kg/m3):	Type of teeth:	Side corner protector:

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 KVX LLC



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