



REV REMOUNT REQUIRED INFORMATION

Dealer: _____

Customer: _____

Address: _____

Manufacturer: (REV Previous Job# & VIN#) _____

Current Chassis: _____

Chassis Required: _____

Remount Type: _____

Box Size: Length _____ Width _____ Headroom _____

Newer chassis might require body modifications due to emissions requirements

In order to accurately quote a price for any remount, pictures must be supplied. The better the photos the more accurate the quote.

These pictures must include:

- All (4) sides of the exterior of unit
- Trim/lighting
- Bumper & cab speakers
- Door handles
- Interior of each outside compartment
- Any known damage should be documented
- Paint/graphics
- Interior ceiling panel
- Patient compartment floor including cot mount
- Interior streetside, curbside, & bulkhead view
- Cab console/switch panel
- Rear action area panel
- Electrical compartment storage area & circuit board
- VIN# and weight stickers (usually in O2 cabinet)
- Enter Floor without Stretcher
- Interior Specifics that need to be worked on



REV REMOUNT REQUIRED INFORMATION *(continued)*

Chassis disposition: choose one of the methods of chassis disposal

- REV to dispose of chassis: *(title supplied)*.....\$0
- Chassis returned to customer: *(road ready)* \$202
Charge to customer
- Chassis returned to customer: *(delivered)* an actual destination shipping quote will be provided Approximate average \$3.25 per mile
- Chassis held for customer pickup up to 60 days:\$0
Note: after (60) days from drop-off \$20 per day storage fee applied until time of pickup.

Note: any components replaced on cab or module will be disposed of unless otherwise stated.

Common Options: (Please acknowledge if you want the following options included in your quote and provide the specific brand requested if applicable. Please notate changes to color, model # or location for all applicable options.)

- Rear door hold open replacement: _____
- Valve extenders: _____
- Running boards: _____
- Body trim replacement: *(skitrails, corner caps, kickplate)* _____
- Rear fender flares/type : _____
- Rear bumper assembly: _____
- Snow chains *(new only)*: _____
- Auxiliary step: _____
- Stainless door sills: _____
- Rear threshold replacement: _____
- Suspension if applicable: _____
- Camera systems *(recorder)*: _____
- Front & rear clearance light replacement: _____
- Scene/flood light replacement: _____
- Tail light replacement: _____
- Compartment light replacement: _____
- Ceiling panel replacement: _____
- Interior dome light replacement: _____
- Power door locks *(note doors)*: _____
- Additional cab console: _____



REV REMOUNT REQUIRED INFORMATION *(continued)*

- Warning light replacement: _____

- Front light bar/new or change to warning lights: _____

- Radio power addition/replacement: _____

- Coax cable addition/replacement: _____
- Shoreline replacement: _____
- New breaker box: _____
- New 12vdc/125v/USB outlets: _____
- Siren replacement: _____
- Cabinet relamination: *(must be specific)* _____

- Cabinet modifications: *(must be specific)* _____

- Lexan replacement: *(must be specific)* _____
- Attendants seat replacement: *(regular or child safety) (must comply to fmvss)* _____
- Rear seat belts replacement: *(may require cabinet removal)* _____
- 6 point belt system: _____
- Safety net @ head of s/b: *(may require cabinet removal)* _____
- New oxygen system: _____
- New suction system *(pump, gauge, bottle)*: _____
- Flooring: *(if replaced, will require new cot mount hardware)* _____
- Cot mount: _____
- Door latch handle replacement: _____
- Door grab handle replacement: _____
- Interior door panel replacement: *(state doors)* _____
- Door gasket replacement: *(std with repaint)* _____
- Door shock replacement: *(state doors)* _____
- Upholstery color: _____
- Windows: _____
- Emergency start ignition: _____



Quote Only
 X-Series Package (Please identify cabinetry option below)

Job #: _____ Quantity: _____ Received Date: _____
 Customer Name: _____ Released Date: _____
 Address: _____
 City: _____ Customer Required Date: _____
 State: _____
 Zip: _____ Dealer Name: _____

CHASSIS SPECIFICATIONS

CHASSIS INFO/SOURCE

Ford F350 2WD (F3G) 4WD (F3H) 84"ca
 F450 2WD (F4G) 4WD (F4H) 84"ca 108"ca
 F450 Super Cab 2WD (F4G) 4WD (F4H) 84"ca
 F450 Crew Cab 2WD (F4G) 4WD (F4H)
 F550 2WD (F5G) 4WD (F5H) 84"ca 108"ca
 F550 Super Cab 2WD (F5G) 4WD (F5H) 84"ca
 F550 Crew Cab 2WD (F5G) 4WD (F5H) 84"ca

Chevy Type 1 DRW E350 Gas Engine(E3F)138" WB
 DRW E450 Gas (E4F) 158" WB
 Type 1 K3500 4WD 4x4 Gas Diesel
 Type 1 C3500 2WD (CC31403) GAS Diesel

Chevy Type 3 CG33503 G3500 Diesel 139" WB G3500 Gas 139" WB
 CG33803 G4500 Diesel 159" WB G4500 Gas 159" WB

Dodge Ram 3500 std cab 2WD 4WD
 4500 std cab 2WD 4WD
 5500 std cab 2WD 4WD 168" 192"
 5500 Crew Cab 2WD 4WD 197"
 special
 Mercedes Sprinter Cutaway

MODEL YEAR: _____
 Paint/Graphics Yes No
 Paint Code: _____
 Graphic Film Color/Code(s): _____
 X-Series Aluminum Cabinet Package
 X-Series Wooden Cabinet Package
 AEV Pool Chassis: VIN #: _____

(VIN must be supplied by customer for customer supplied chassis)

Customer Supplied: VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____
 VIN #: _____

Medium Duty Chassis fill in cab to axle length Navistar Custom Cab
 Navistar std cab ca _____
 Navistar 4400 std ca _____ 4400 crew cab ca _____
 Freightliner std ca _____ Freightliner custom _____
 Ford F650 std cab ca _____ F650 crew cab ca _____
 Kenworth Crew cab ca _____
 Kenworth std cab ca _____
 Specs approved: Customer AEV

Ford Fin #: _____ Incentives Available: _____ Amount _____
 Ford GPC
 GM FAN #: _____ Ford Fleet Incentive
 Bid Item # _____ GM Upfitter Credit
 GM Additional Bid Assist.

NOTE: The Chassis specs that were approved by Customer & signed off by REV must be attached before chassis will be ordered.

Special Order Options:
 Lightbar
 After Market Radio: Front Rear: _____
 OEM Aluminum Rims
 Other _____
 Mac Lift: _____
 Snow Chains: _____
 Sway Bars: _____

Suspension Options
 OEM
 Link Kelderman
 Squat Fast Loader Liquid Spring
 Other _____

COMMENTS: _____

 Estimated Total Price \$ _____
 Order Confirmed



REV Solutions

SANITARY CONDITIONS for Vehicles Received for Remount

To our Dealers and Customers:

REV values the health and safety of all the people who work here. Our personnel do not have the necessary credentials and background to work safely in a biohazard area, nor do we expect them to. We will not knowingly expose our employees to health risks from toxins or biohazard materials in the vehicles they are required to work on.

If you are bringing a unit for us to work on, help us maintain a sanitary working environment by following these precautions: (initial completed items)

1. _____ EMPTY & wash all interior & exterior compartments, shelves & drawers with a solution of 10% bleach / water or equivalent product: _____
2. _____ REMOVE all medical equipment from interior & exterior compartments (cots, O/2 bottles, boards & etc).
3. _____ WASH the interior of your unit (cab and patient compartment) with antiseptic solution, removing all spilled medication, blood, vomit, urine, fecal material and other contaminants from the steps, floor, walls, ceiling, upholstery, cabinet and counter surfaces. Give special attention to gaps, crevices, seams and abrasive or rough surfaces such as step treads. This is the minimum standard. If your protocols or OSHA Standards exceed these requirements, please clean to the higher standard.
4. _____ REMOVE all sharps containers and loose contaminated sharps.
5. _____ REMOVE all narcotics and other controlled substances.
6. _____ REMOVE all bandage materials and instruments or disposable items.
7. _____ REMOVE all linens, blankets and pillows.

These, we hope, are precautions that your own protocols require, and precautions that you perform every day in your service. We are sure you will not object to giving our employees this level of protection.

REV reserves the right to refuse service on any vehicle presented in a condition which our personnel regard as unsanitary. REV is not in the biohazard cleaning business. If a vehicle must be cleaned before we can work on it, we will send it out for professional disinfecting, and will not be responsible for any damage or discoloration to surfaces (including upholstery). The minimum cost for this service is \$250 above the charge on each unit for the base biohazard cleaning once we get the unit. REV will not be responsible for equipment or supplies left in your vehicle during repair or service.

Sign and return this form prior to arrival, ATT: REV Solutions
You may FAX your form to 336.846.1372 or email your spec writer.

I understand and will comply with the requirements and stipulations listed above.

Vehicle Identification Number (VIN)

Provider or Dealership Name

Printed name of Owner or Owner's Representative

Provider or Dealership Contact Phone Number

Signature of Owner or Owner's Representative

Date

101 AEV Lane, Jefferson, N.C. 28640
336-846-8170 Fax 336-846-1372