

Chair Clip Delivery Form

Date: _____

Owner: _____

Shipping Addr: _____

Owner's P.O. No.: _____

Lift Identification: _____

Please complete and include a copy of this form for each group of chair clips sent to TSI for inspection. If clips from multiple lifts are being sent, please segregate them and include a form for each group. Clips may also be identified and grouped by hours in service, and a separate form included for each such group. Please ship chair clips to our street address:

Tram Support, Inc.
814 E. North Foothills Drive
Spokane, WA 99207

Total Clips Shipped: _____ (please be accurate with this count!)

#6 _____ #7 _____ #8 _____ #9 _____ #10 _____

#6 Short _____ #7 Short _____ #8 Short _____

Other _____ Describe: _____

Year first put into service: _____

Total hours in service, to date: _____

Notes: _____

Sender: _____

Thank You,
Tram Support, Inc.