

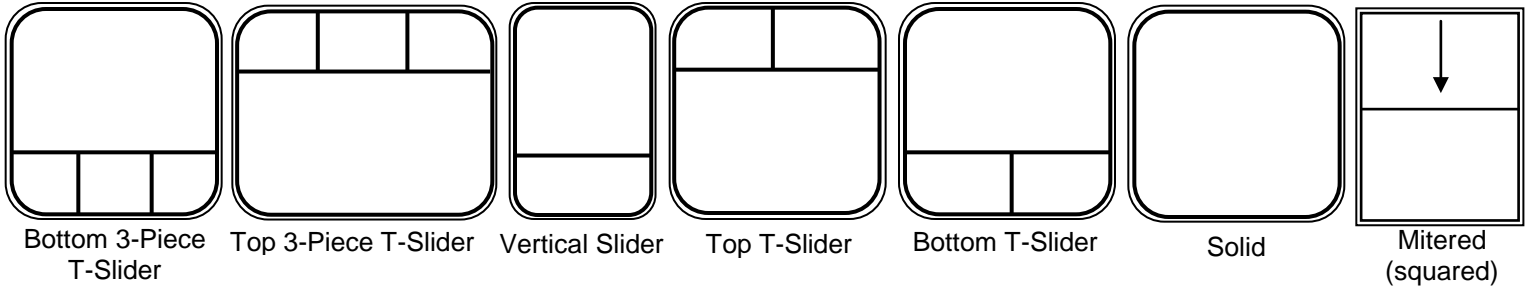
Shuttle Bus Glass Replacement Sheet

To expedite your order, please fill out this form entirely. Missing information and blank spaces will result in the delay of your glass order!

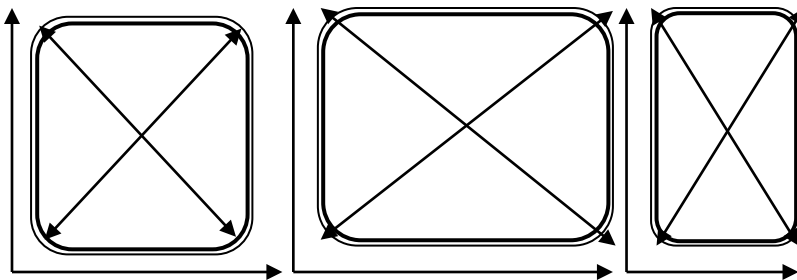
Make & year of vehicle _____ Bus mfg./converter name _____

Body # _____ VIN# _____

Window mfg. _____ DOT# _____



Measure from outer frame to outer frame as shown below



Height _____

Top width _____

Bottom width _____

Diagonals _____

Frame Color: Black Silver/Aluminum Are window corners: Radius (rounded) Mitered (squared)

Glass Color: Tint Clear Other Rubber mount: yes no Emergency Exit: yes no

Type of Glass: Tempered Laminated Flat Contoured

Egress handle location: Side Bottom

Handle description: Cable release Hook release

Name of Insured: _____

Upon completion, please fax this sheet to MELANIE at 574-294-6472. If you have any questions, call 800-551-9149 extension 2029. Thanks!