

SHATTERBLANKET MEASUREMENTS

Tractorname _____

Name _____

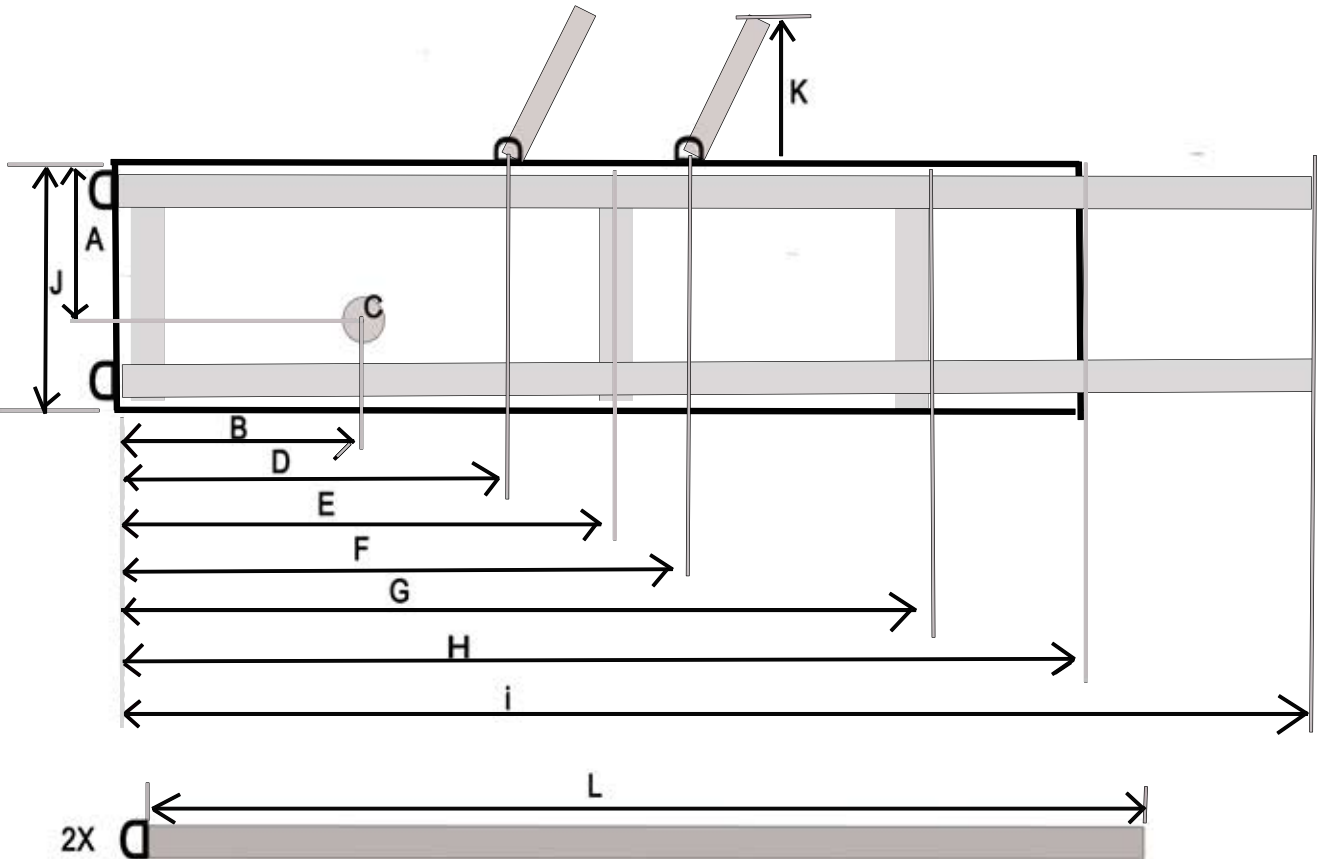
Address _____

Residence _____ Country _____

Phone _____

E-mail _____

Transmission Blanket



a	_____ mm	g	_____ mm	Blanketcolor	BLACK
b	_____ mm	h	_____ mm	Rotation	<input type="checkbox"/> CLOCKWISE <input type="checkbox"/> ANTI-CLOCKWISE
c	_____ mm	i	_____ mm	Date, name and signature	_____
d	_____ mm	j	_____ mm		
e	_____ mm	k	_____ mm		
f	_____ mm	l	_____ mm		