

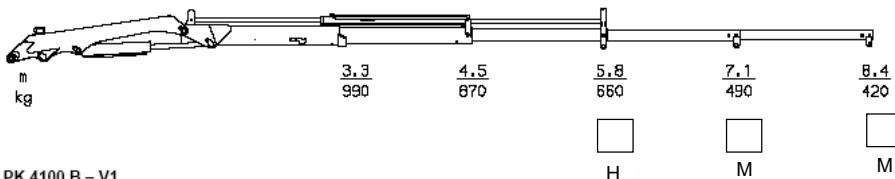
Maximum Lifting Moment 3.8mt

**Please provide your truck's information below**

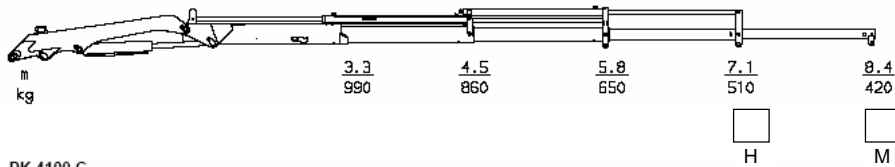
Brand _____	Model _____
No. of axle _____	Gross Weight _____
Others _____	
Where do you need the crane mounted? <input type="checkbox"/> Front <input type="checkbox"/> Middle <input type="checkbox"/> Rear	

**Boom System. Please choose the configuration required by ticking in the boxes below. (H = Hydraulic, M = Manual)**

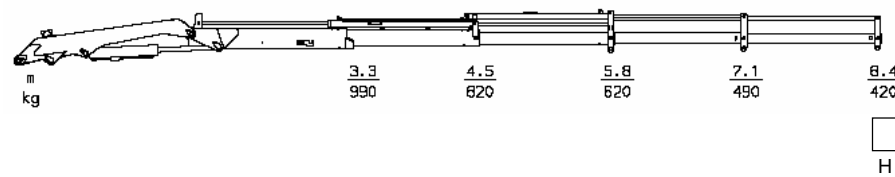
PK 4100 A - V1,V2



PK 4100 B - V1




PK 4100 C



Basic Unit		
	Classification according to EN12999 H1/H3	✓
	Crane base with integrated Sub Frame	✓
	Slewing angle 360°/400°/420°	✓
	Slewing moment	0.44mt
	Controls on each side of the crane	✓
	Load hold valve on inner, outer and extension boom cylinder	✓
	Painting RAL2002	✓
RAL	Special painting, RAL code	<input type="checkbox"/>
	Hook: 2t	✓
OM	OM-overload indicator on each control position	<input type="checkbox"/>
OS	Hydraulic overload protection, incl. overload indicator	<input type="checkbox"/>

Stabilisers	
R2	Telescopic outriggers, medium <input type="checkbox"/>
R1	Telescopic outriggers, short <input checked="" type="checkbox"/>
STZY5	Tilttable stabilisers <input checked="" type="checkbox"/>
Rear stabilisers	
Additional stabilisers, specification will be calculated by Palfinger (depending on truck, No.of extension booms) <input type="checkbox"/> M	

Options	
Oil tank (should be about 2.5x the pump capacity)	28l <input checked="" type="checkbox"/>
Mounting bolts (required)	<input checked="" type="checkbox"/>

Additional Equipment	
Crane fork	 <input type="checkbox"/>
Hydraulic Pumps	Constant oil pump (without remote control) 20l/min <input type="checkbox"/>

Warranty	
VER01	Full 12 months warranty and 36 months on load bearing parts extended warranty to 24 months <input type="checkbox"/>
VER02	extended warranty to 36 months <input type="checkbox"/>

**How Do We Get In Touch With You?**

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Remarks

Please forward completed form to our dealer closest to you