



RUBBER TRACK PAD MEASUREMENT FORM

Fax: 614.448.4862

Company Name: _____ Address: _____

Phone: _____ City: _____

Email: _____ State: _____ Zip: _____

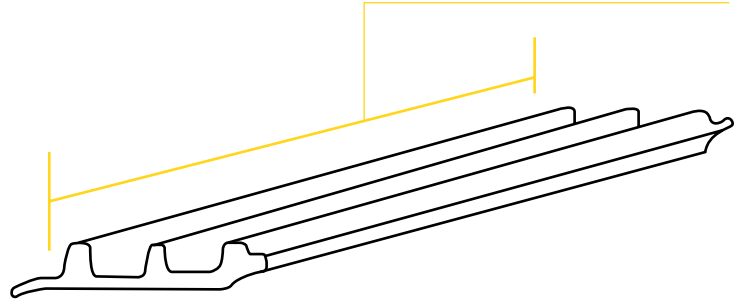


Bolt-On Pads



Clip-On Pads

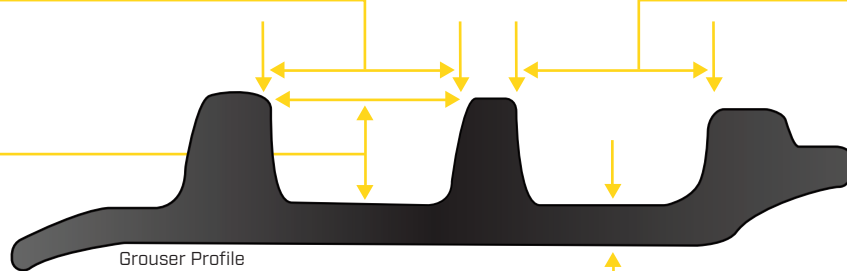
Overall Length of Grouser (mm) _____



Valley Length (mm) _____

Valley Length (mm) _____

Valley Length (mm) _____



Grouser Profile



Triple Grouser

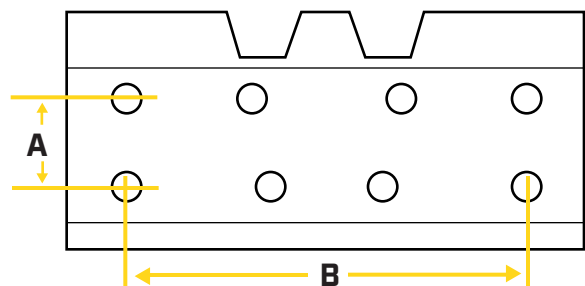
Shoe Thickness (mm) _____

Machine Make: _____

Model: _____

Total Tracks Links: _____

Pitch: _____



A _____ B _____