



Build Your Own Vehicle

CONTACT INFO

Company Name: _____

Email: _____

Phone: _____

Address: _____

Country: _____

ADS Rep Name: _____

Contact Name: _____

Fax: _____

Mobile: _____

State: _____

Zip: _____

QUESTIONNAIRE

Intended Use for Vehicle: _____

Vehicle Quantity: _____

Payload Capacity Required: _____

Personnel Capacity Required: _____

End User Country: _____

Engine Configuration (Choose One): Gas Diesel

If Diesel (Choose One): High Sulfur Low Sulfur

Transmission (Choose One): Automatic Manual

Terrain: 2WD 4X4 6X6 8X8 Other

Number of Doors: _____

Custom Electronics Required? If so, please detail: _____

Cabinets Required: Yes No

If yes, where? _____

Air Conditioning: Yes No

Winch Required: Yes No

Vehicle Height / Width Restrictions: _____

Make / Model / Model Year Request: _____

Vehicle Training Required: _____

Drive Side (Choose One): Right Hand Drive Left Hand Drive

Suspension Requirements (ex. off-road, heavy duty, on-road): _____

Tire Type (Choose One): Pneumatic Runflat

Color: _____

Paint Type (Choose One): Standard Corrosion Resistant Other

If other, please explain. _____

Armoring Required: Yes No

If yes, what is the armor level required (NIJ/CEN/STANAG): _____

Exterior Lighting Requirements: _____

Interior Lighting Requirements: _____

Additional Options, Attachments, Features or Requests: _____

ADDITIONAL NOTES

SUBMIT