

# Equipment Check-In Form

## Snowmobile North Dakota Trail Program

1600 E Century Avenue, Suite 3

Bismarck, ND 58503-0649

701-328-5377

Date \_\_\_\_\_ Trail Association \_\_\_\_\_

Club \_\_\_\_\_

### Equipment

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model#: \_\_\_\_\_

Serial# \_\_\_\_\_ Mileage / Hours: \_\_\_\_\_

2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model#: \_\_\_\_\_

Serial# \_\_\_\_\_ Mileage / Hours: \_\_\_\_\_

Heavy Duty Tie Downs: \_\_\_\_\_ Light Duty Tie Downs: \_\_\_\_\_

Trailer (Year, Make, Model): \_\_\_\_\_

Serial#: \_\_\_\_\_ Ramp: \_\_\_\_\_

Trailer Jack: \_\_\_\_\_ Spare Tires: \_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

### Returned By:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

(Contact Person)

Signature \_\_\_\_\_

(Person Who Checks-In Equipment)