



Max Guard Frame / Post Information Form

Date _____

Company Name _____

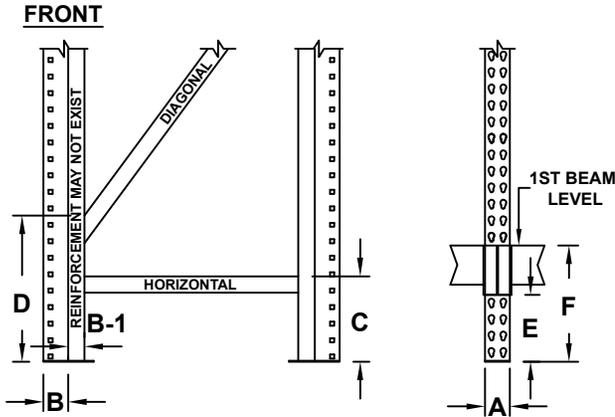
Submitted by _____

Page Number _____

Frame Number / Type _____

EXAMPLE SIDE VIEW

EXAMPLE FRONT VIEW

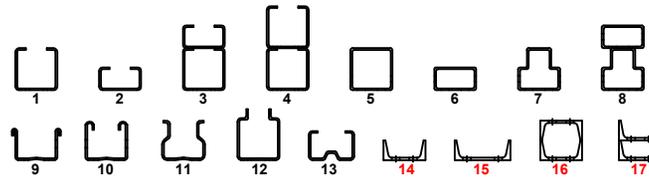


**NOTE ALL FRAME DIMENSIONS THAT APPLY.
ALL DIMENSIONS MUST BE PROVIDED IN FRACTIONS ONLY.**

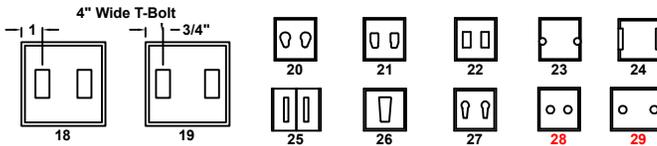
A		F		L	
B		G		M	
B-1		H		N	
C		I		O	
D		J		P	
E		K		Q	

Circle both column type and hole punch style below that matches the existing front post of frame.

CIRCLE COLUMN STYLE OF THE FRAME



CIRCLE HOLE PUNCH STYLE OF THE FRAME



Please attach additional information as needed including pictures of the front and side of frame.

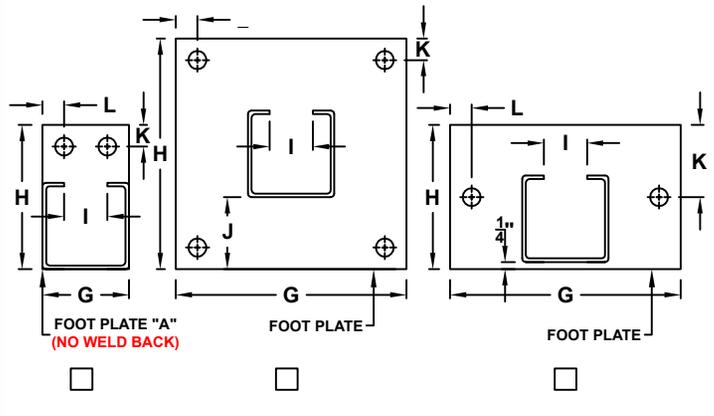
Choose Guard Requested: (List Quantity):

- Max Guard (V-Nose) _____
- Max Guard Force (V-Nose) _____
- Max Guard Force (NPD) _____
- Max Guard Plus _____ (Specify height below)
- Max Guard Shield _____ (Specify height below)

Height needed for Max Guard Plus / Shield _____

COLUMN TO FOOTPLATE ORIENTATION

Choose one of the footplate orientations that best matches the existing frame.



Q = Foot Plate Thickness

