

Rubber Track Pad Measurement Form

Please fill in as much information as possible. This will assure we get you the right track pad for your machine.

Company Name: _____

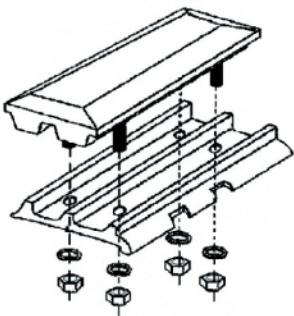
Contact Info:

-Phone _____ -Address _____

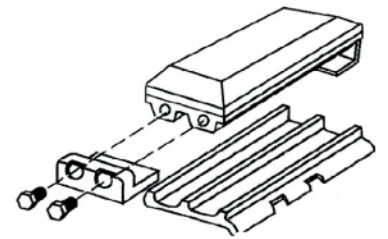
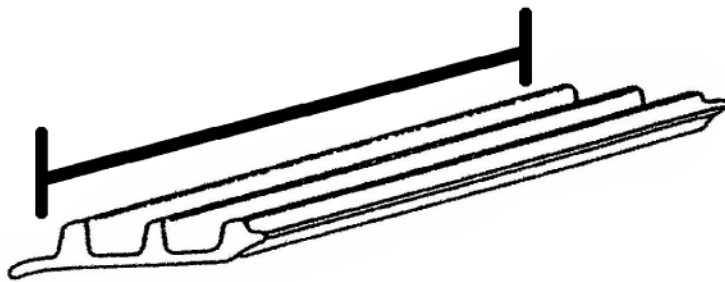
-P.O. Box (if any) _____ -City _____

-State _____ -Zip _____

Length (mm) _____



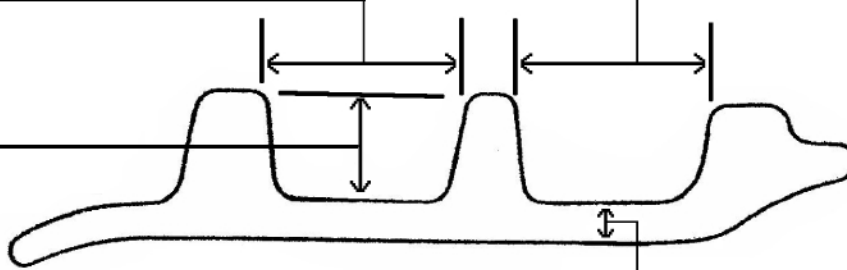
Bolt-On Pads



Clip-On Pads

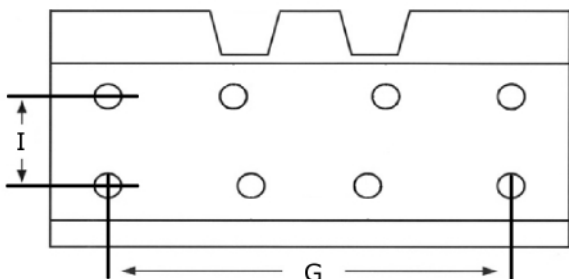
Valley Length(mm) _____ Valley Length(mm) _____

Valley Depth(mm) _____



Shoe Thickness(mm) _____

Triple Grouser



I: _____ G: _____

Machine Make : _____

Model : _____

Track Links : _____

Pitch: _____