

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: _____

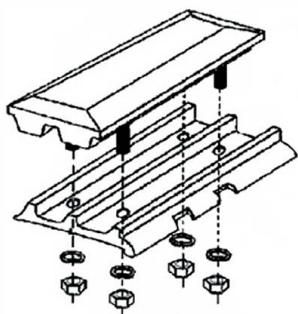
Contact Info:

-Phone _____ -Address _____

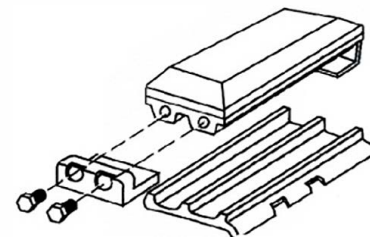
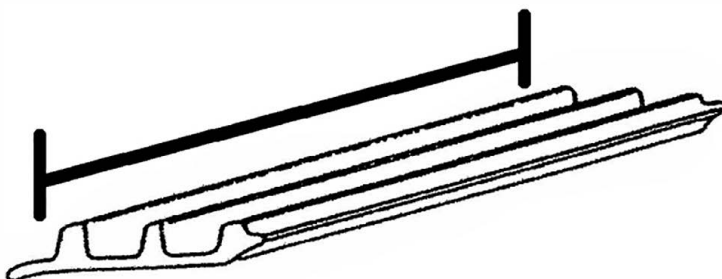
-P.O. Box (if any) _____ -City _____

-State _____ -ZIP _____

Length (mm) _____



Bolt-On Pads

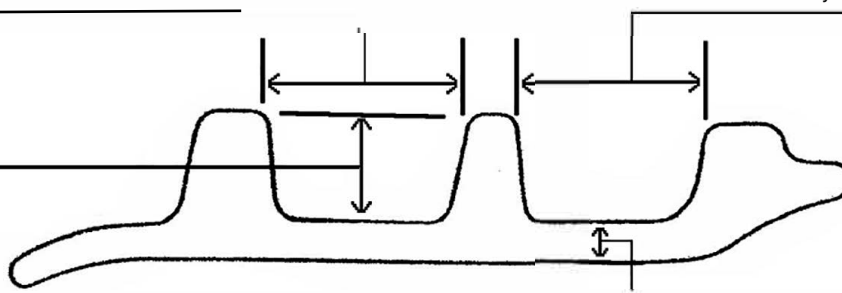


Clip-On Pads

Valley Length (mm) _____

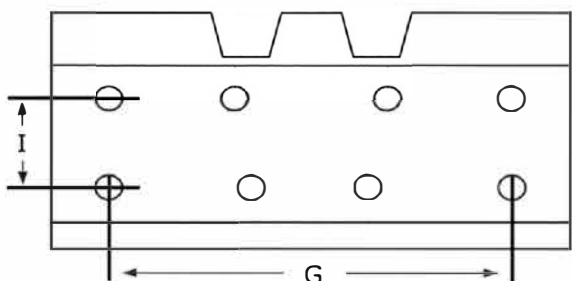
Valley Length(mm) _____

Valley Depth(mm) _____



Shoe Thickness(mm) _____

Triple Grouser



I: _____ G: _____

Machine Make : _____

Model: _____

Track Links _____

Pitch: _____