



An Oshkosh Corporation Company

# Machine Owner Update Form

- Complete ALL Sections of this form and mail or fax to the appropriate location specified below.
- It is very important to keep JLG Industries, Inc. updated with current machine ownership information. By registering the products you own, you can ensure that JLG will be better prepared to serve you and provide support.
- **DO NOT** include Lessees/Renters of Leased/Rented Machines on this form.
- To report a *Scrapped, Stolen, Missing, or Recovered machine*, use the "JLG Product Status Verification Form No. PSR015."

### Machine Information

|                                 |              |
|---------------------------------|--------------|
| Make: _____                     | Model: _____ |
| Serial Number or VIN/PIN: _____ |              |
| Make: _____                     | Model: _____ |
| Serial Number or VIN/PIN: _____ |              |
| Make: _____                     | Model: _____ |
| Serial Number or VIN/PIN: _____ |              |
| Make: _____                     | Model: _____ |
| Serial Number or VIN/PIN: _____ |              |

### Contact Information

|                       |                       |                        |                |
|-----------------------|-----------------------|------------------------|----------------|
| Company Name: _____   |                       |                        |                |
| Street Address: _____ |                       | Address1: _____        |                |
| City: _____           | State/Province: _____ | Zip/Postal Code: _____ | Country: _____ |
| Telephone: _____      | Facsimile: _____      | E-Mail Address: _____  |                |
| Contact Name: _____   | Signature: _____      |                        | Date: _____    |

### Machine Owner Information (Same as Contact)

|                       |                       |                               |                |
|-----------------------|-----------------------|-------------------------------|----------------|
| Company Name: _____   |                       |                               |                |
| Street Address: _____ |                       | Address1: _____               |                |
| City: _____           | State/Province: _____ | Zip/Postal Code: _____        | Country: _____ |
| Telephone: _____      | Facsimile: _____      | E-Mail/Website Address: _____ |                |

### Mail or Fax Completed Form to:

**JLG Industries, Inc.  
Product Safety & Reliability Department  
13224 Fountainhead Plaza  
Hagerstown, MD 21742**

**Facsimile: 301/745-3713  
Email: productsafety@jlg.com**