

JLG Industries, Inc.

Product Safety & Reliability Department 13224 Fountainhead Plaza Hagerstown, MD 21742

Telephone: (877) JLG-SAFE Facsimile: (301) 745-3713

E-Mail Address: ProductSafety@JLG.com

Product Star Verification F		Complete AL	<u>.L</u> Sections o	of this form and mail o	or fax to the	location spe	ecified above.
Vermoation	OTTI		Product li	nformation			
Make:		Model:		Hour Meter Reading:			
Serial Number or VIN/PIN	1 :						
			Contact II	nformation			
Company Name:							
Street Address:				Address1:			
City:	State	e/Province:		Zip/Postal Code:		Country:	
Telephone:		Facsimil	e:	I.	E-Mail Ad	dress:	
Contact Name: Signatu				e:			Date:
Company Name: Street Address:	*Pi	roduct Owner	Informatio	n ☐(Same as Address1:	Contact)		
City: S		State/Province:		Zip/Postal Code:		Country:	
Telephone:	 	Facsimil	e:	E-Mail/Website Addre			S:
		Type of I	Request (cl	neck applicable box)		
☐ Scrapped (See Note	Below) T	The original manufacturer's serial number plate is enclosed for return to JLG.					
☐ Scrapped (See Note	-	The original manufacturer's serial number plate is NOT available for return to JLG.					
Stolen		Unit was unlawfully taken from property/job site. Reports have been filed with the proper authorities.					
☐ Missing/Cannot Be L		Unit cannot be located. Unsure who the current owner is based on information available to me.					
Recovered		Unit was previously reported as "Stolen" or Missing". Unit has been recovered/found. (NOTE: You must complete and attach a Machine Owner Update Form PSR008-JLG.)					
	, Inc. will	no longer		ANNOT be return ervice support, p			

Form No.: PSR015-JLG, 2012-08