

**EQUIPMENT CONDITION REPORT**

BRIDGE CUSTOMER

COMPANY NAME: \_\_\_\_\_

VENDOR / APPRIASER

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EQUIPMENT INFORMATION

MANUFACTURER: \_\_\_\_\_ YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_

CONDITION: EXCELLENT: \_\_\_\_\_ GOOD: \_\_\_\_\_ FAIR: \_\_\_\_\_ POOR: \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

COST NEW: \$ \_\_\_\_\_ CURRENT VALUE: \$ \_\_\_\_\_

METHOD ESTABLISHISHING VALUE: \_\_\_\_\_

REMAINING ESTIMATED USEFUL LIFE: \_\_\_\_\_

DESCRIPTION (INCLUDE ACCESSORIES, KEY FEATURES, ADD-ONS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERIAL NUMBER(S):  
\_\_\_\_\_

RECONDITIONING (INCLUDING REPAIRS, REPLACEMENTS, UP-GRADES):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*OPTIONAL – IF APPLICABLE \*\*\* NUMBER OF HOURS IN USE: \_\_\_\_\_

APPEARANCE (INDICATE IF REPAINTED, ETC.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UPON COMPLETION OF THIS CONDITION REPORT, PLEASE SIGN WHERE INDICATED BELOW AND RETURN WITH THREE (3) COLOR PHOTOGRAPHS OF THE EQUIPMENT.**

THIS CONDITION REPORT WAS COMPLETED BY:

\_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)