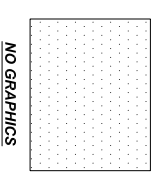
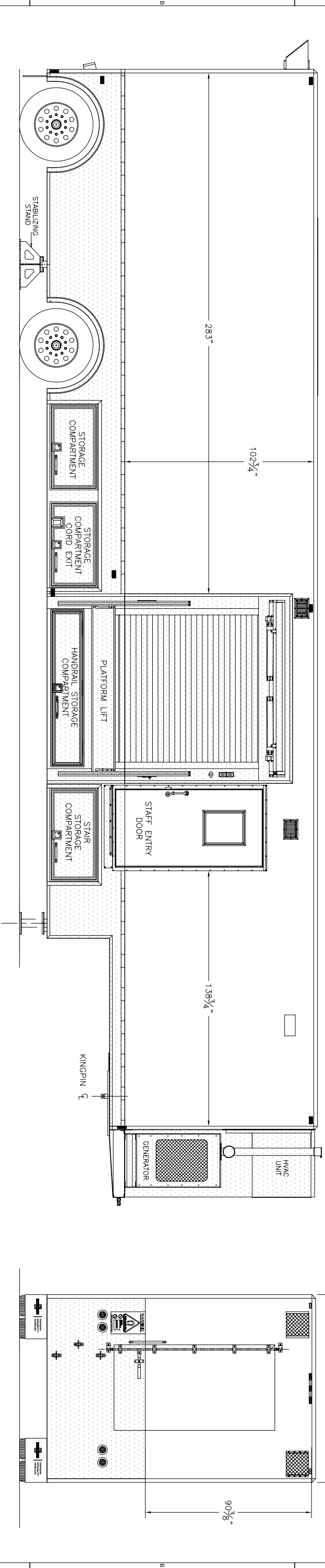
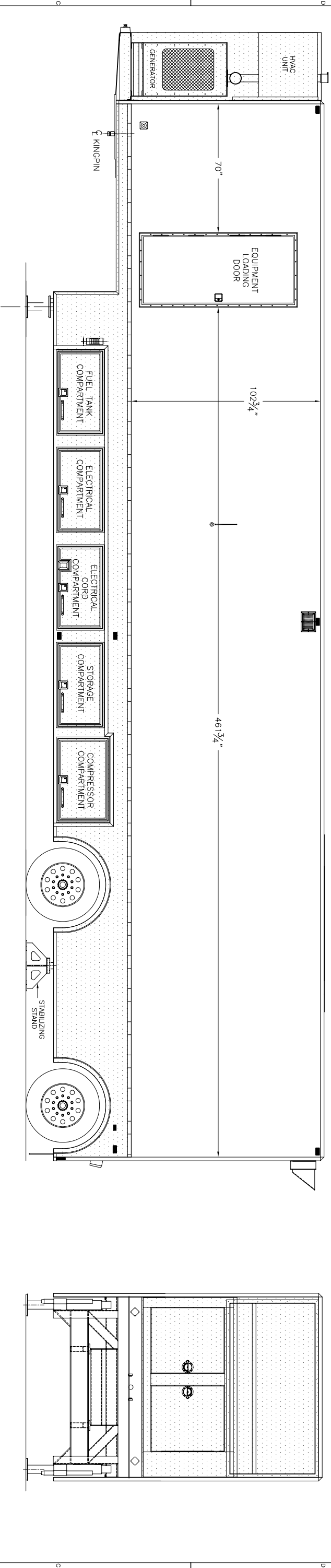


REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	DESCRIPTION
00					

2 REVISIONS



NOTE: DOT REQUIRED SAFETY DECALS AND MEDICAL EQUIPMENT SAFETY DECALS MUST NOT BE COVERED BY GRAPHICS

COMPANY NAME: CUSTOMER AUTHORIZATION

NAME (PRINT): _____ TITLE: _____

SIGNATURE: _____ DATE: _____

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SHEET NUMBER: 1 OF 1 REFERENCE DRAWING: TITLE: GRAPHICS LAYOUT

DATE: 21SEP06 SCALE: 1/2"=1'-0"

DRAWN BY: _____

CHECKED BY: _____

DRAWING NUMBER: 10133-A43

OSHKOSH SPECIALTY VEHICLES

16745 S. LATHROP AVENUE
HARVEY, LA, 80426
PHONE: (708) 996-0066
FAX: (708) 996-2480

GE SIGNAL HORIZON 107.15T MRI
8'-6" X 13'-6" X 48'-0" TRAILER

OSHKOSH