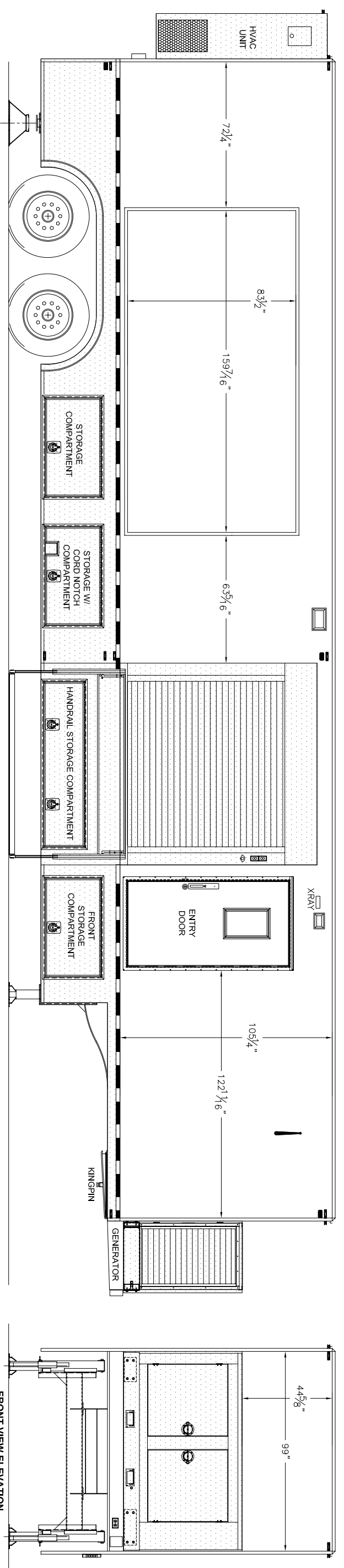
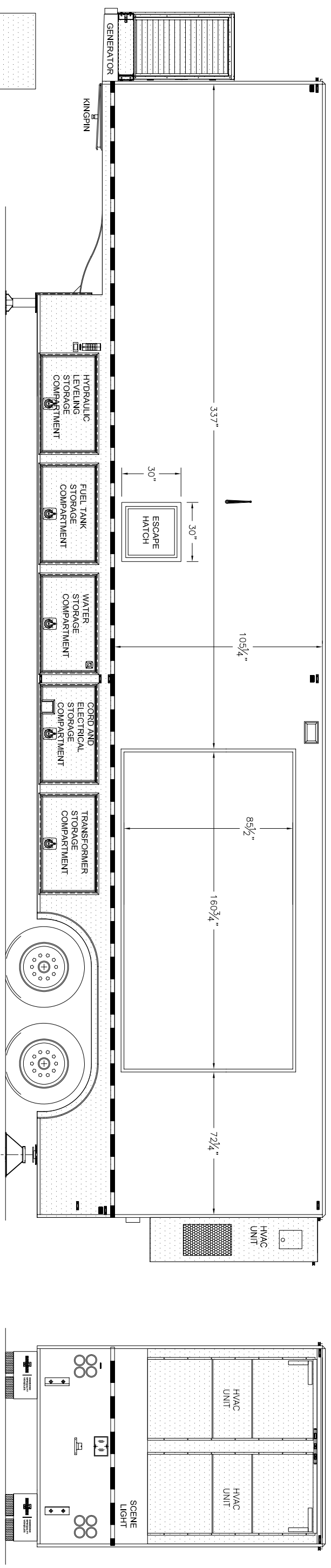


REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	REVISIONS	DESCRIPTION
00						



RIGHT SIDE ELEVATION



LEFT SIDE ELEVATION

FRONT VIEW ELEVATION

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

NO GRAPHICS

COMPANY NAME: _____
 CUSTOMER AUTHORIZATION
 NAME (PRINT): _____ TITLE: _____
 SIGNATURE: _____ DATE: _____

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SHEET NUMBER: 1 OF 1
 JOB# _____
 REFERENCE DRAWING: _____ TITLE: _____
 GE MEDICAL SYSTEMS LIGHTSPEED CT
 8-6' X 13-6" X 49-0" TRAILER
 GRAPHICS LAYOUT
 OSHKOSH SPECIALTY VEHICLES
 16745 S. LATHROP AVENUE
 HARVEY, IL 60426
 PHONE: (708) 596-5066
 FAX: (708) 596-2480
 DATE: 31JAN07
 DRAWN BY: _____
 CHECKED BY: _____
 DRAWING NUMBER: 10232-A29
 SCALE: 1/2"=1'-0"

