

To: **F.W. Kalkofen GbR**
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27576 Bremerhaven
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Fax: +49 (0)4 71 - 5 47 62
E-Mail: anfrage@auto-kalkofen.de

From: _____

Fwd. company: _____
(if known already) _____

Date: _____._____._____

Request for conversion-costs for following vehicle:

Moving good Yes No
Manufacturer _____
Model _____
VIN _____
Engine Code _____
Displacement cc or Litre
Cylinder _____
Horsepower KW or PS
Speedometer inscription max km/h or mph
Transmission Manual Automatic
4 x 4 Yes No

Tires

Actual Tire-Size (sample P215/65 R15 98T M+S) _____
Tire-Size by Indoor-Sticker _____

Lights

Turn Signals rear blink Red Yellow
Parking and Headlight separated? Yes No
Rear Foglamp with Switch Yes No
Daytime-Running-Light Yes No
Headlight (E)-marked Yes No
Headlightinscription SAE _____
Headlight-/Bulb-Inscription:
 HB1 HB2 HB3 HB3A HB4 HB4A HB5
 H1 H7 H11 H13 Xenon

In case of Xenon-Light:

Headlights-Cleaning-System Yes No
Load-levelling active suspension Yes No
Automatic Headlights Levelling System Yes No
Manual Headlights Levelling System Yes No

Miscellaneous

Anti-theft-device Yes No

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