



A & A BOLTLESS RACK AND SHELVING

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Please send all prelim requests to
prelims@aarack.com & info@aarack.com

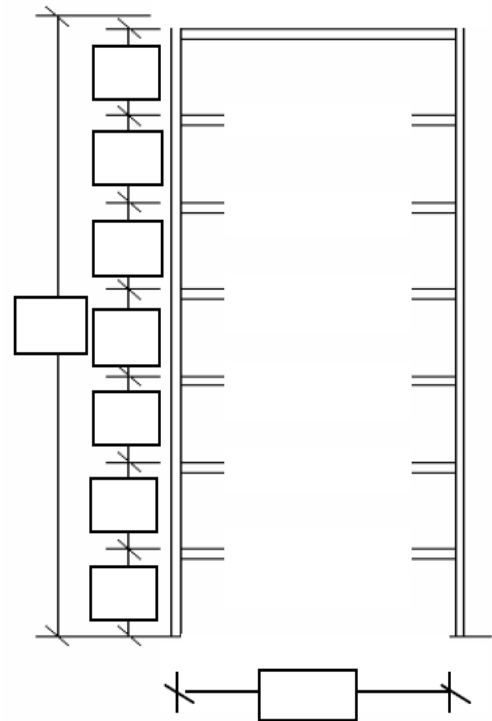
Drive In Rack Prelim Request

Date: _____

Requested By: _____ Project Name: _____
 Company: _____ Project Address: _____
 Phone: _____
 Fax: _____ Please include any additional sketches or notes that would help illustrate the rack system better.

Configuration

Configuration Name: _____
 Number of Amrs _____
 Pallet Weight _____
 # of Pallets Deep _____



Frame

Mfg or Type: _____

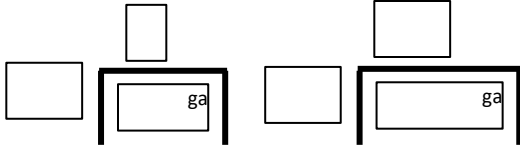
Column: _____



Backer?: _____ How High? _____

Bracing: Diagonals (as shown) X-Braced

Diagonal Brace: _____ Horizontal Brace: _____

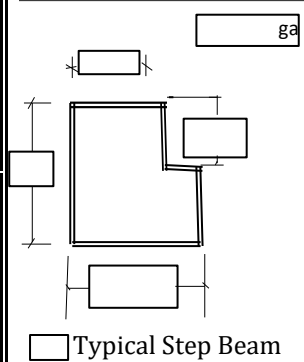


Sketch any other brace type here

Top Tie Beam

Mfg Type _____

Beam: _____ Connector Type: _____



Sketch any other beam type here

Base Plate

Down Aisle Width: _____ Thickness: _____

Cross Aisle Depth: _____ # Holes: _____

Floor

Slab Thickness: _____ Soil Strength (psf): _____

Concrete Strength (psi): _____ Slab Reinforcing: _____

Anchors

Indicate preferred anchor, if applicable.

Notes
