

## A & A BOLTLESS RACK AND SHELVING

1615 Yeager Ave, La Verne, CA 91750 phone: (626)454-1500 fax: (909)923-6621 Please send all prelim requests to prelims@aarack.com & info@aarack.com

Include any additional sketches or notes to illustrate the rack system better

	Rack Pr	elim Request	Date::
Requested By:  Company:  Phone:		Project Name: Project Address:	
Fax:			
Configuration			
Manufacturer:	<u> </u>		
Configuration Name:	S	iingle Row	
Number of Levels:	D	ouble Row	
Load per Level:			4   '
Frame			<b> </b>
Size:			$\parallel \parallel $
Gauge: Backer: Yes	No How Hig	h?	
Beam			
Size:	Connector Type:		
Base Plate			
Width:	Thickne	ss:	
Depth:	# Holes	: 	
Floor	Sail	Strength	Anchors
Slab Thickness:	"	(psi)	Indicate preferred anchor, if applicable.
Concrete Strength (psi):			
Notes			