

Powered Vehicle Suspension Application

Customer Information:

Application No.:

Company:		Contact:		Date:	
Address:		City:		State:	
Phone:		Fax:		Email:	
Zip:					

Vocation:

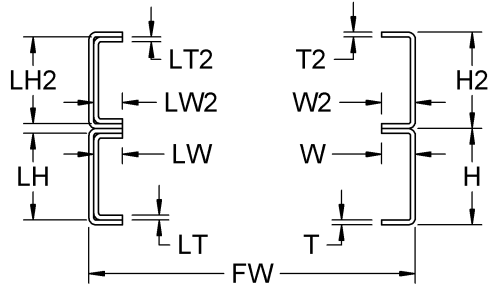
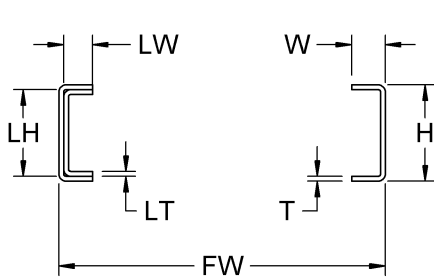
<input type="checkbox"/> City Delivery	<input type="checkbox"/> Construction	<input type="checkbox"/> Logging	<input type="checkbox"/> Motorhome	<input type="checkbox"/> Refuse - Roll Off
<input type="checkbox"/> Intercity Coach/Bus	<input type="checkbox"/> Linehaul	<input type="checkbox"/> Mining	<input type="checkbox"/> Rescue	<input type="checkbox"/> Refuse - Rear/Side
<input type="checkbox"/> School Bus	<input type="checkbox"/> Heavy Haul	<input type="checkbox"/> Yard Tractor - LO/LO	<input type="checkbox"/> Fire	<input type="checkbox"/> Refuse - Front Load
<input type="checkbox"/> Transit Coach/Bus	<input type="checkbox"/> Oilfield	<input type="checkbox"/> Yard Tractor - RO/RO	<input type="checkbox"/> Snowblower/Plow	<input type="checkbox"/> Other:

Duty Cycle:

<input type="checkbox"/> Turnpike Only (3% Max. Grade)	<input type="checkbox"/> On Highway (8% Max. Grade)	<input type="checkbox"/> Mountain Hwy (12% Max. Grade)
<input type="checkbox"/> Unpaved (12% Max. Grade)	<input type="checkbox"/> Other (_____ % Max. Grade) - Profile Attached	
On Road Mileage: _____ %	Off Road Mileage: _____ %	
Maximum Desired Speed: _____	Anticipated Annual Mileage: _____	Anticipated Vehicle Life: _____

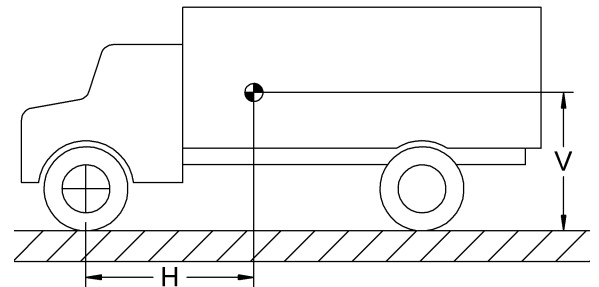
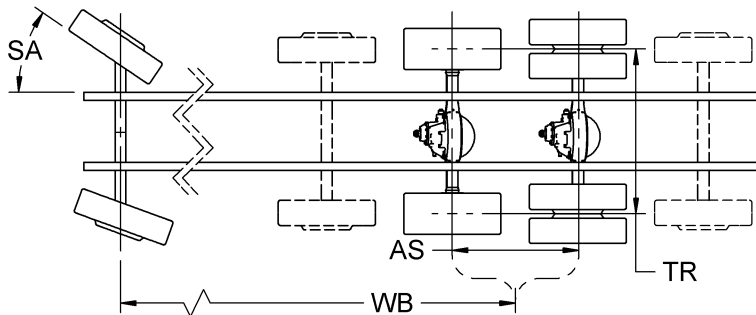
Vehicle Information:

<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor w/Semi-trailer	<input type="checkbox"/> Pumper	<input type="checkbox"/> Other:	<input type="checkbox"/> 4 x 2	<input type="checkbox"/> 6 x 2	<input type="checkbox"/> 6 x 6
<input type="checkbox"/> Bus/Coach	<input type="checkbox"/> Truck w/Full Trailer	<input type="checkbox"/> Aerial		<input type="checkbox"/> 4 x 4	<input type="checkbox"/> 6 x 4	<input type="checkbox"/> _____ x _____
Chassis Year/Make/Model:		Customer:		GVWR:		



<input type="checkbox"/> Single Frame: (H x W x T) (FW) (_____ x _____ x _____) (_____)	<input type="checkbox"/> Double Frame: (H x W x T) (H2 x W2 x T2) (FW) (_____ x _____ x _____) (_____ x _____ x _____) (_____)
<input type="checkbox"/> Frame Liner*: (LH x LW x LT) (_____ x _____ x _____)	<input type="checkbox"/> Frame Liner*: (LH2 x LW2 x LT2) (LH x LW x LT) (_____ x _____ x _____) (_____ x _____ x _____)

*For additional liners please attach additional sheets



Max Steer(Cramp) Angle (SA): _____ Wheelbase (WB): _____

Drive Axle(s): Track (TR): _____ Spacing (AS): _____

Configuration: Single Tandem Tridem

Pusher Axle(s): Quantity: _____ Quantity Liftable: _____

Tag Axle(s): Quantity: _____ Quantity Liftable: _____

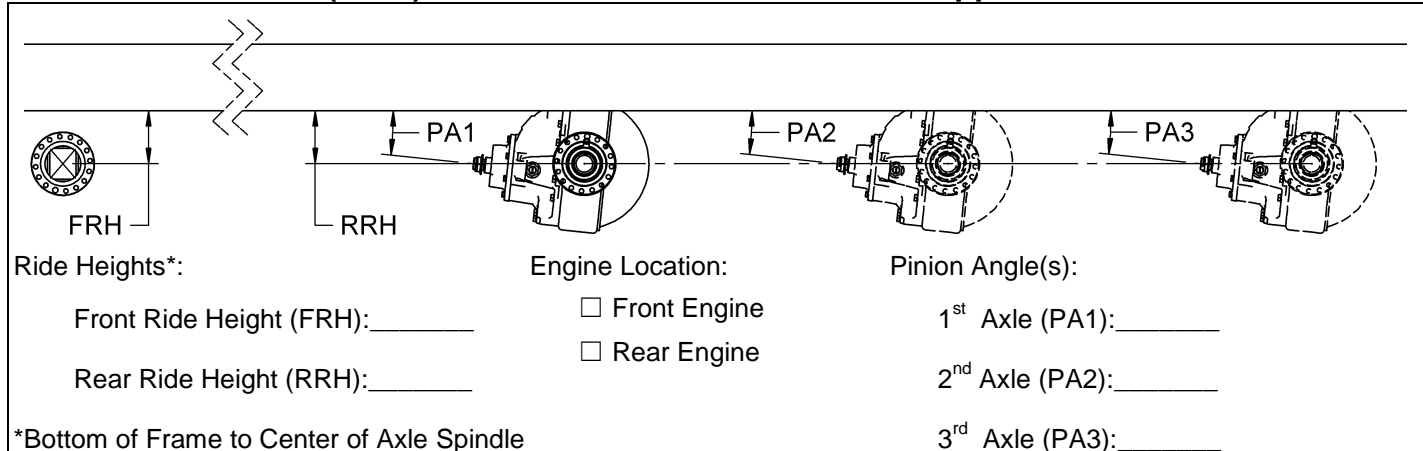
Center of Gravity:

Loaded: (H): _____ (V): _____

Empty: (H): _____ (V): _____

Vehicle Information (cont.):

Application No.:



Hanger Position (79 / 102 / 240 Suspensions Only):

102 Style

240AR Style

79 Style

Hanger Mounting Height (HH):

Standard Position:

102, 102W, 102CC	5.00"
102AR	5.19"
102AR-HD	3.61"
79KB, 79AR	4.44"
240AR	5.25"

Non-Standard Position: _____

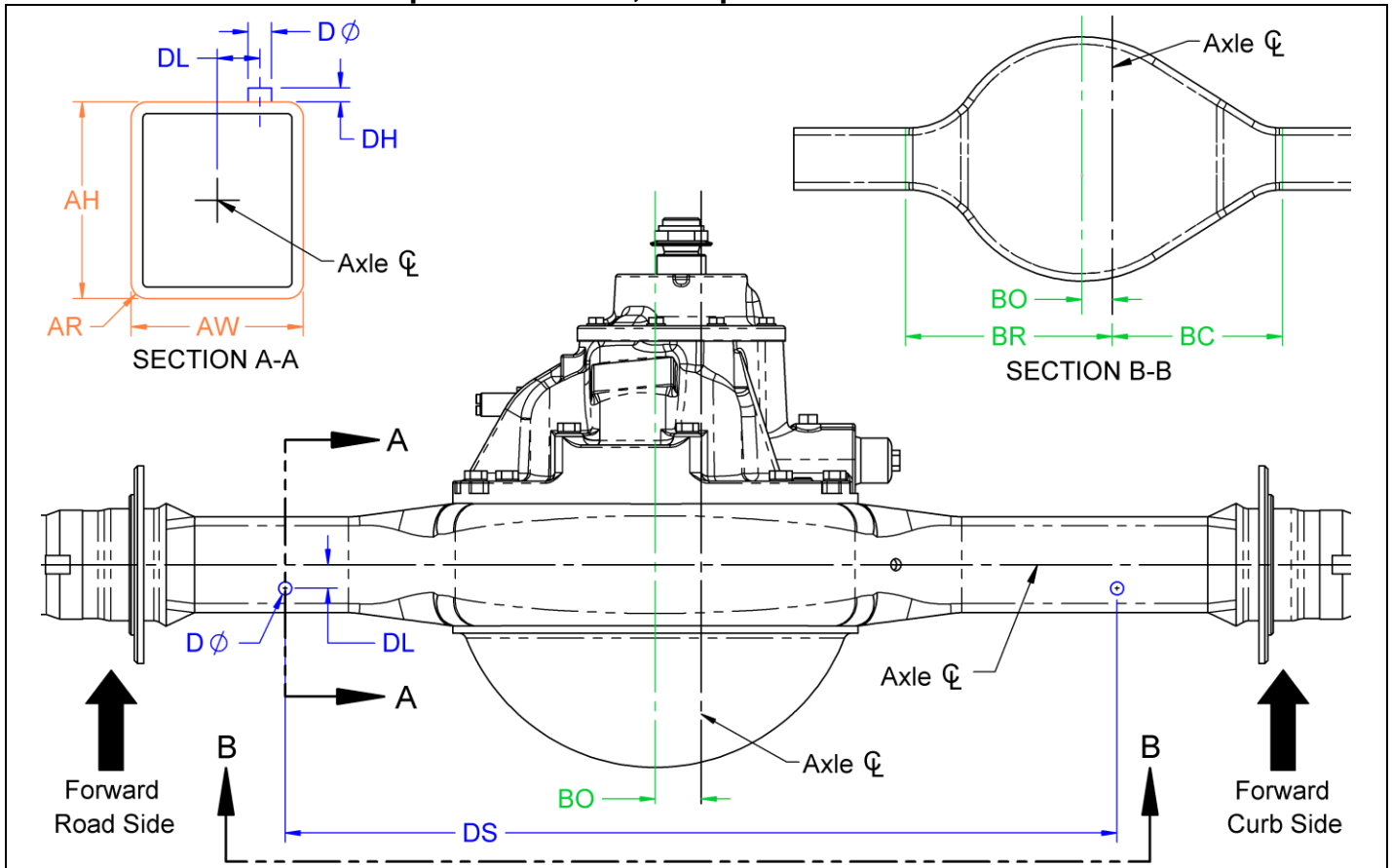
Tire, Wheel, & Brake Information:

	Front (Steer) Axle	Drive Axle(s)	Tag / Pusher Axle
Tire Size:		<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual
Wheel Type:	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum
Wheel Size:			
Wheel Offset:			
Wheel Offset Direction:	<input type="checkbox"/> Outset <input type="checkbox"/> Inset	<input type="checkbox"/> Outset <input type="checkbox"/> Inset	<input type="checkbox"/> Outset <input type="checkbox"/> Inset
Wheel Brand:			
Wheel Part #:			
Brake Brand:			
Brake Type:	<input type="checkbox"/> Disc <input type="checkbox"/> Drum	<input type="checkbox"/> Disc <input type="checkbox"/> Drum	<input type="checkbox"/> Disc <input type="checkbox"/> Drum
Brake Size:			
Brake Lining Brand:			
Brake Lining Part #:			
Slack Adjuster Brand:			
Slack Adjuster Size:			
Brake Chamber Type:	<input type="checkbox"/> Service <input type="checkbox"/> Spring Brake	<input type="checkbox"/> Service <input type="checkbox"/> Spring Brake	<input type="checkbox"/> Service <input type="checkbox"/> Spring Brake
Brake Chamber Size:			

Drive Axle Information*:

Application No.:

***For Vehicles With Multiple Drive Axles, Complete One Sheet Per Axle**



Front Engine, Road Side Bowl Offset Shown

- Axle Location:
- Single
 - Tandem Front Tandem Rear
 - Tridem Front Tridem Middle Tridem Rear

Axle Manufacturer: _____

Axle Model: _____

Axle Rated Capacity: _____

- Axle Design: Cast
 Draft Angle: _____
 Fabricated

- Axle Material: Cast Iron
 Cast Steel
 Welding Acceptable? Y N

Axle Notes / Comments:

Axle Measurements (In Inches)	
Dowel Pin Spacing (DS):	
Dowel Pin Location (DL):	
Dowel Pin Height (DH):	
Dowel Pin Diameter (DØ):	
Axle Tube Width (AW):	
Axle Tube Height (AH):	
Axle Tube Radius (AR):	
Bowl Size Road Side (BR):	
Bowl Size Curb Side (BC):	
Bowl Offset (BO):	
<input type="checkbox"/> Road Side	
<input type="checkbox"/> Curb Side	

Current Suspension Information:

Application No.:

	Front (Steer) Axle	Drive Axle(s)	Tag / Pusher Axle
Current Empty Weight:			
Current Loaded Weight:			
Current GAWR:			
Current Max Overload:			
-Current Creep Speed			
Current Brand:			
Current Model:			
Current Spring Type:	<input type="checkbox"/> Leaf <input type="checkbox"/> Air <input type="checkbox"/> Coil <input type="checkbox"/> Rubber <input type="checkbox"/> Torsion <input type="checkbox"/> Other: _____	<input type="checkbox"/> Leaf <input type="checkbox"/> Air <input type="checkbox"/> Coil <input type="checkbox"/> Rubber <input type="checkbox"/> Torsion <input type="checkbox"/> Other: _____	<input type="checkbox"/> Leaf <input type="checkbox"/> Air <input type="checkbox"/> Coil <input type="checkbox"/> Rubber <input type="checkbox"/> Torsion <input type="checkbox"/> Other: _____
Current Configuration: (Check all that apply)	<input type="checkbox"/> Independent <input type="checkbox"/> Strut <input type="checkbox"/> Trailing Arm <input type="checkbox"/> Multi-Link <input type="checkbox"/> Parallelogram <input type="checkbox"/> Leaf Spring <input type="checkbox"/> Spring Beam <input type="checkbox"/> Single Point <input type="checkbox"/> Walking Beam <input type="checkbox"/> A-Frame <input type="checkbox"/> Other: _____	<input type="checkbox"/> Independent <input type="checkbox"/> Strut <input type="checkbox"/> Trailing Arm <input type="checkbox"/> Multi-Link <input type="checkbox"/> Parallelogram <input type="checkbox"/> Leaf Spring <input type="checkbox"/> Spring Beam <input type="checkbox"/> Single Point <input type="checkbox"/> Walking Beam <input type="checkbox"/> A-Frame <input type="checkbox"/> Other: _____	<input type="checkbox"/> Independent <input type="checkbox"/> Strut <input type="checkbox"/> Trailing Arm <input type="checkbox"/> Multi-Link <input type="checkbox"/> Parallelogram <input type="checkbox"/> Leaf Spring <input type="checkbox"/> Spring Beam <input type="checkbox"/> Single Point <input type="checkbox"/> Walking Beam <input type="checkbox"/> A-Frame <input type="checkbox"/> Other: _____

Requested Suspension Information:

	Front (Steer) Axle	Drive Axle(s)	Tag / Pusher Axle
Requested Empty Weight:			
Requested Loaded Weight:			
Requested GAWR:			
Requested Max Overload:			
-Requested Creep Speed			
Requested Spring Type:	<input type="checkbox"/> Leaf <input type="checkbox"/> Air <input type="checkbox"/> Coil <input type="checkbox"/> Rubber <input type="checkbox"/> Torsion <input type="checkbox"/> Other: _____	<input type="checkbox"/> Leaf <input type="checkbox"/> Air <input type="checkbox"/> Coil <input type="checkbox"/> Rubber <input type="checkbox"/> Torsion <input type="checkbox"/> Other: _____	<input type="checkbox"/> Leaf <input type="checkbox"/> Air <input type="checkbox"/> Coil <input type="checkbox"/> Rubber <input type="checkbox"/> Torsion <input type="checkbox"/> Other: _____
Requested Configuration: (Check all that apply)	<input type="checkbox"/> Independent <input type="checkbox"/> Strut <input type="checkbox"/> Trailing Arm <input type="checkbox"/> Multi-Link <input type="checkbox"/> Parallelogram <input type="checkbox"/> Leaf Spring <input type="checkbox"/> Spring Beam <input type="checkbox"/> Single Point <input type="checkbox"/> Walking Beam <input type="checkbox"/> A-Frame <input type="checkbox"/> Other: _____	<input type="checkbox"/> Independent <input type="checkbox"/> Strut <input type="checkbox"/> Trailing Arm <input type="checkbox"/> Multi-Link <input type="checkbox"/> Parallelogram <input type="checkbox"/> Leaf Spring <input type="checkbox"/> Spring Beam <input type="checkbox"/> Single Point <input type="checkbox"/> Walking Beam <input type="checkbox"/> A-Frame <input type="checkbox"/> Other: _____	<input type="checkbox"/> Independent <input type="checkbox"/> Strut <input type="checkbox"/> Trailing Arm <input type="checkbox"/> Multi-Link <input type="checkbox"/> Parallelogram <input type="checkbox"/> Leaf Spring <input type="checkbox"/> Spring Beam <input type="checkbox"/> Single Point <input type="checkbox"/> Walking Beam <input type="checkbox"/> A-Frame <input type="checkbox"/> Other: _____
Requested Model: (Or Similar Model)			
Requested Options: (Check all that apply)	<input type="checkbox"/> Shock Absorber <input type="checkbox"/> Sway Bar <input type="checkbox"/> Auxiliary Spring <input type="checkbox"/> Parabolic Leaf Spring HCV: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Mechanical <input type="checkbox"/> Electric	<input type="checkbox"/> Shock Absorber <input type="checkbox"/> Sway Bar <input type="checkbox"/> Auxiliary Spring <input type="checkbox"/> Parabolic Leaf Spring HCV: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Mechanical <input type="checkbox"/> Electric	<input type="checkbox"/> Liftable <input type="checkbox"/> Steerable
Provide Competitive Advantage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Unit Required? Timing?			

Comments/Signature:

Signature:	Printed Name:	Title:	Date: