

Powered Vehicle Suspension Application

Customer Information:

Application No.:

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

Vocation:

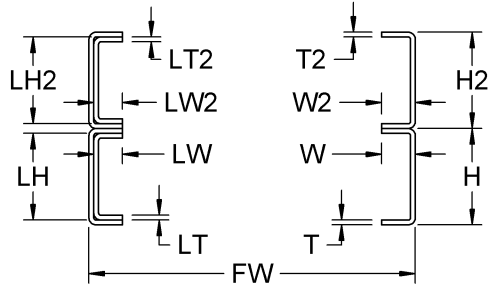
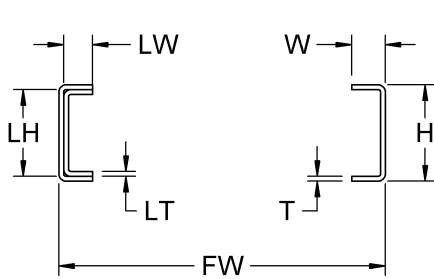
| | | | | |
|--|---------------------------------------|---|--|--|
| <input type="checkbox"/> City Delivery | <input type="checkbox"/> Construction | <input type="checkbox"/> Logging | <input type="checkbox"/> Motorhome | <input type="checkbox"/> Refuse - Roll Off |
| <input type="checkbox"/> Intercity 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: _____ |

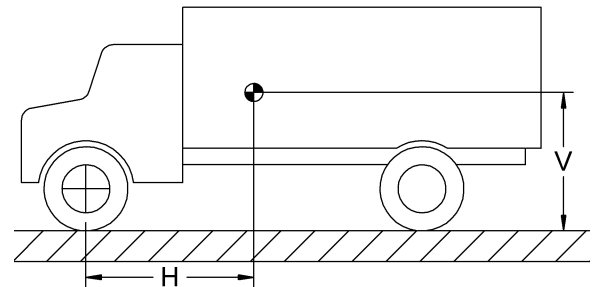
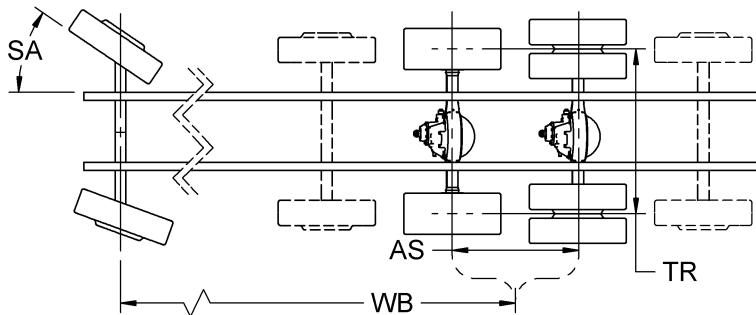
Vehicle Information:

| | | | | | | |
|---|---|---------------------------------|---------------------------------|--------------------------------|--------------------------------|--|
| <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) (_____ 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: _____

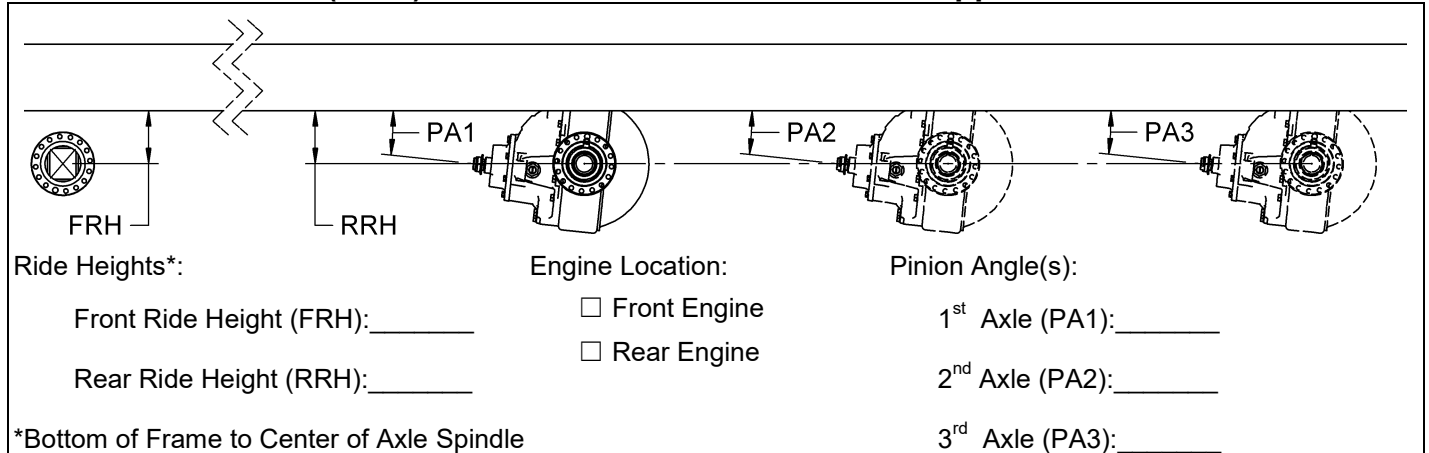
Center of Gravity:

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

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

Vehicle Information (cont.):

Application No.:



Ride Heights*:

Front Ride Height (FRH): _____

Rear Ride Height (RRH): _____

Engine Location:

- Front Engine
- Rear Engine

Pinion Angle(s):

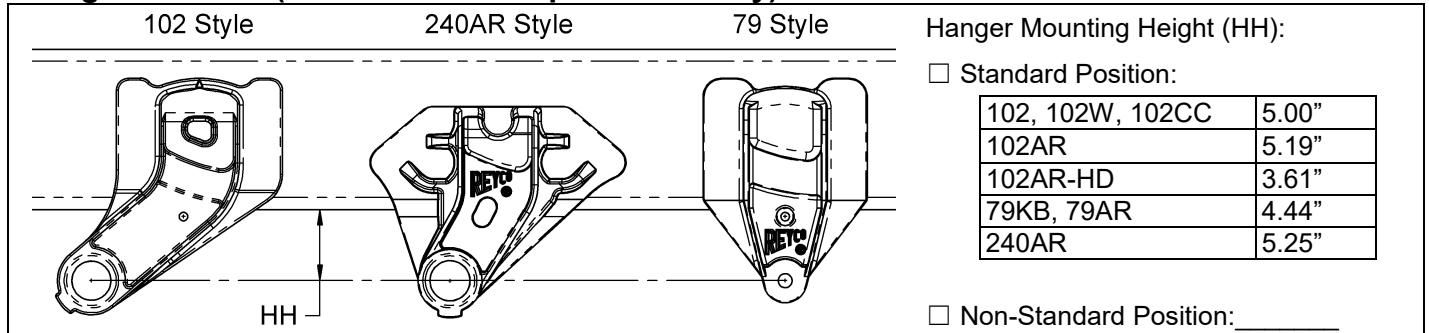
1st Axle (PA1): _____

2nd Axle (PA2): _____

3rd Axle (PA3): _____

*Bottom of Frame to Center of Axle Spindle

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



Hanger Mounting Height (HH):

Standard Position:

Non-Standard Position: _____

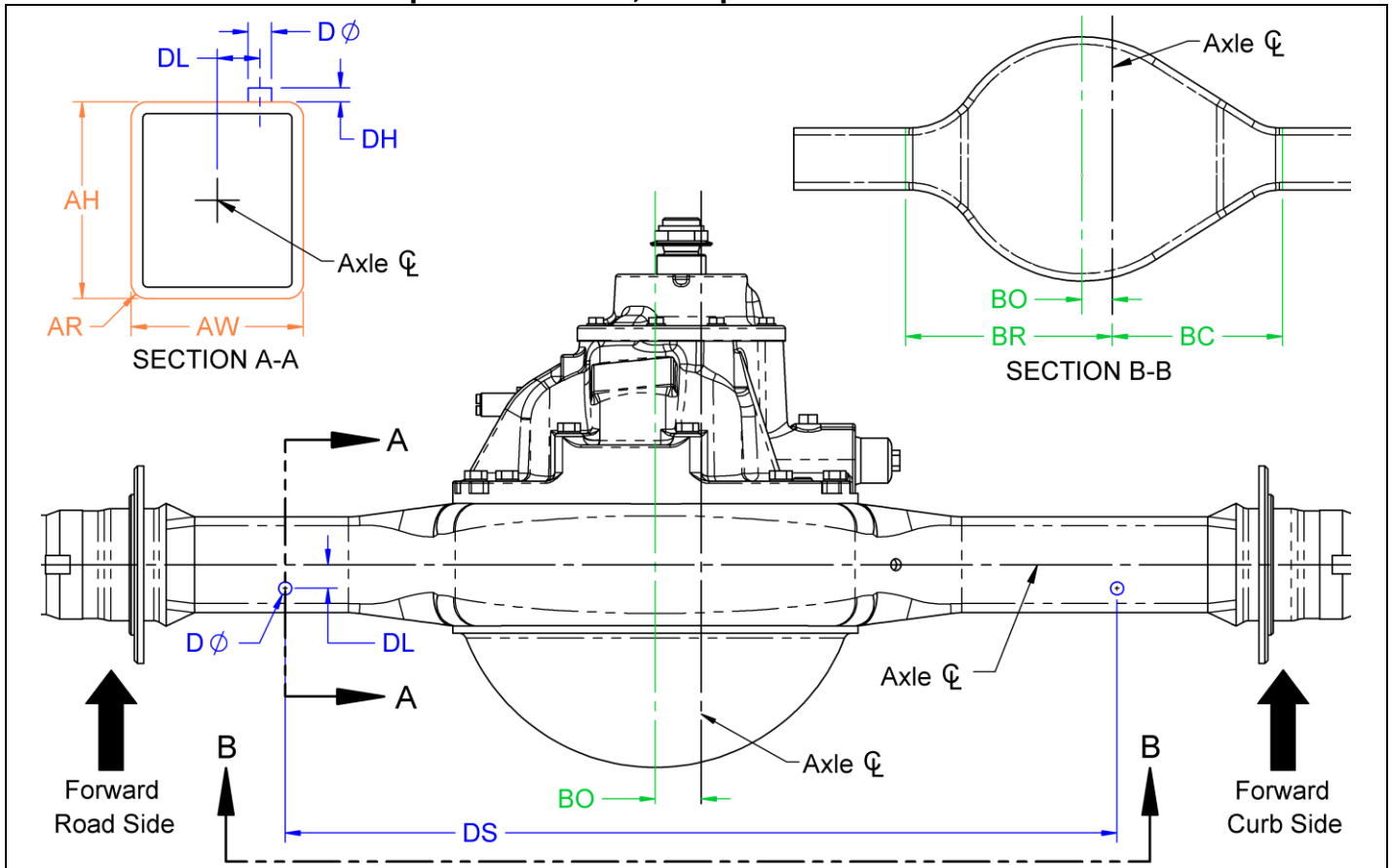
Tire, Wheel, & Brake Information:

| | 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 & 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 & 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: | | | |
| Brake Clacking: | | | |

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"/> Torsion <input type="checkbox"/> Rubber <input type="checkbox"/> Coil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Leaf <input type="checkbox"/> Torsion <input type="checkbox"/> Rubber <input type="checkbox"/> Coil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Leaf <input type="checkbox"/> Torsion <input type="checkbox"/> Rubber <input type="checkbox"/> Coil <input type="checkbox"/> Air <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"/> Torsion <input type="checkbox"/> Rubber <input type="checkbox"/> Coil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Leaf <input type="checkbox"/> Torsion <input type="checkbox"/> Rubber <input type="checkbox"/> Coil <input type="checkbox"/> Air <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Leaf <input type="checkbox"/> Torsion <input type="checkbox"/> Rubber <input type="checkbox"/> Coil <input type="checkbox"/> Air <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 <input type="checkbox"/> Urethane Bushings <input type="checkbox"/> Eccentric Alignment HCV: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Mechanical <input type="checkbox"/> Electric | <input type="checkbox"/> Lifiable <input type="checkbox"/> Steerable |
| Lead Unit Required? Timing? | | | |

Comments/Customer Signature:

| | | | |
|---------------------|---------------|--------|-------|
| Comments: | | | |
| Customer Signature: | Printed Name: | Title: | Date: |