

AXLE INFORMATION FORM



5775 NW WAGON WAY / HILLSBORO, OR 97124-8531 / ph: 866.531.0600 / fx: 503.531.0601

Quantity Required _____

Load Per Axle _____ Pounds Maximum Speed _____

Track Required _____ Overall Width With Tires _____ Between Tires _____

Tire Size _____ Duals _____ Singles _____ Rim Size _____

Brake Size _____ Ambient Temperature _____ Other _____

Hub Type _____ Stud _____ Bolt Circle _____

Stud Size: _____ Alternate: Spoke Wheel Type _____

Suspension to be Used _____ Model _____ Tandem _____ Single _____

Mounting Centers _____

Road Conditions: Good _____ Medium _____ Poor _____ On Highway _____ Off Highway _____

Braking Requirements: Severe _____ Average _____ Light _____

SET UP REQUIRED:

Camshafts: Length _____ Air Chambers: Type _____ Chamber Centers: _____

(All are non-cambered)

APPLICATION DATA:

NOTE: PLEASE ADVISE IF ANY DIMENSIONS ARE CRITICAL TO FIT IN YOUR APPLICATION/MOUNTING SPACE.