



BRAKE KIT REQUEST FORM

Customer name:	
Vehicle type:	
Date:	
Contact name:	
Email:	
Contact Number	

Any special brake kit requirements _____

Brake Chamber	Specify Size and Type (eg. Air 24/30, Dual air hydraulic 16/25mm)
Brake Chamber Axle 1	
Brake Chamber Axle 2	
Brake Chamber Axle 3	If unknown please send completed Brake Calculation form
Brake Chamber Axle 4	
Brake System Requirement	No ABS/12VABS/24VABS/EBS - Number of ABS axles
Manual Handbrake required	
Load Sensing Required	Air/Mechanical LSV
Air Tank Volume Required if known	
Steer axle lock control required	Manual control from cab/From side of trailer/ Through EBS/ Through reversing light
Coupling connectors	C Couplings/Palm Couplings/specify other if needed
Lift Axle Control	Manual button valve/Through EBS/Through control box
Leveling valve	Standard/With height limitation
Raise Lower Valve	Standard manual lever/With automatic return to ride height
Air suspension dump valve	

Any other comments

Omitted information will be filled in by Granning to meet its standards and product stocks
 Tel: (+353) 45 897553 / Fax: (+353) 45 894306
 Please, send back to: info@granningaxles.ie