

SUSPENSION REQUEST FORM

Company name:
 Vehicle type:
 Date:
 Contact name:
 Phone:
 Email:

AIR SUSPENSION

Axle reference*:
 Axle beam shape & size*:
 Load per axle:
 Ride height:
 Chassis type
 Air bag pedestal required
 Suspension centres:
 Wheels used:
 Brake chambers used**:
 Mounting Type
 Airbag offset***:
 Lifting option:

1st axle	2nd axle	3rd axle	4th axle

MECHANICAL SUSPENSION

Axle reference*:
 Axle beam shape & size*:
 Load per axle:
 Spread/Axle centres
 Ride height:
 Suspension centres:
 type****:
 Wheels used:
 Spring (No.of leaves&width):

1st axle	2nd axle	3rd axle	4th axle

* If not known, please, complete the axle request form
 ** If not known, please complete brake calculation request form
 *** The range of offsets depend of the type of suspension
 **** Overslung, underslung, ultra-underslung, balance beam

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