

## SUSPENSION REQUEST FORM

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

### AIR SUSPENSION

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

### MECHANICAL SUSPENSION

	1st axle	2nd axle	3rd axle	4th axle
Axle reference*:				
Axle beam shape & size*:				
Load per axle:				
Spread/Axle centres				
Ride height:				
Suspension centres:				
type****:				
Wheels used:				
Spring (No. of leaves & width):				

\* 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

Tel: (+353) 45 897553 /

Please, send back to: info@granningaxles.ie