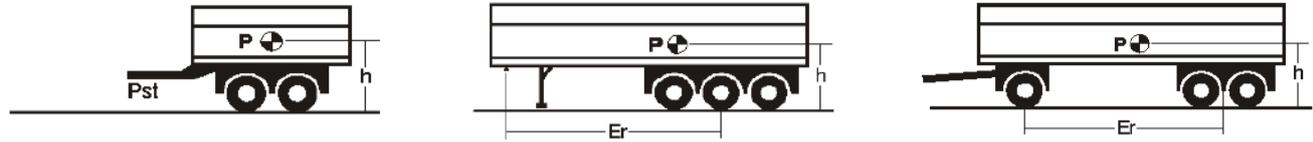


SUSPENSION REQUEST FORM



Company name:	
Contact name:	Date:
E-Mail:	Tel:



Trailer Type (please select)	Centre Axle Trailer Rigid Drawbar Trailer	Semi Trailer	Drawbar Trailer
Trailer use	Commercial	Agricultural	Engineering Plant Fixed Load
Trailer Body Type	<input style="width: 100%;" type="text"/>		Number of axles <input style="width: 100%;" type="text"/>
Chassis Structure / Cross Section	<input style="width: 100%;" type="text"/>		Max Design Speed <input style="width: 100%;" type="text"/> kph

Air Suspension (If all axles are the same only complete Axle 1 Column)

	Axle 1	Axle 2	Axle 3	Axle 4
Axle model / Reference*				
Axle Beam Shape & Size*				
Load Per axle	kg	kg	kg	kg
Ride Height	mm	mm	mm	mm
Suspension Spring Centres	mm	mm	mm	mm
Tyre Size				
Single / Twin				
Brake Chamber Size**				
Brake Chamber Location				
Air Spring Pedestal Required				
Airspring Offset***	mm	mm	mm	mm
Lift Option				

Mechanical Suspension (If all axles are the same only complete Axle 1 Column)

	Axle 1	Axle 2	Axle 3	Axle 4
Axle model / Reference*				
Axle Beam Shape & Size*				
Load Per axle	kg	kg	kg	kg
Ride Height	mm	mm	mm	mm
Suspension Spring Centres	mm	mm	mm	mm
Axle Centres / Bogie Spread	mm	mm	mm	mm
Spring (No. of leaves and width)	mm	mm	mm	mm
Configuration****				
Tyre Size				
Single / Twin				

* If not known, please complete Axle Request Form
 ** If not known, please complete Brake Calculation Request Form
 *** The range of offsets depend on type of suspension
 **** Overslung, Underslung, Ultra-Underslung, Balance Beam

Any other comments

Omitted information will be completed by Granning to meet its standards and product stocks

Tel: (+353) 45 897553

Please, complete and return to: eds@granningaxles.ie

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