

MILITARY SUSPENSION APPLICATION APPROVAL REQUEST

SELECT ALL THAT APPLY DEFENSE APPLICATION AFTERMARKET REAR SUSPENSION CONVERSION
 COMMERCIAL APPLICATION



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1.630.910.2847

DATE: _____ ATTN.: _____

APPLICATION APPROVAL REQUESTER – REQUIRED INFORMATION

Company Name: _____	Mailing Address: _____
Contact Person: _____	City, State, Zip: _____
Telephone: _____	E-mail Address: _____

GENERAL VEHICLE INFORMATION

VIN #: _____ Make: _____ Model: _____ Year: _____

Build Date: _____ Annual Demand: _____ Maximum Overall Width: _____

Maximum Gross Combination Weight (GCW): _____ Maximum Gross Vehicle Weight (GVW): _____

Axle Spacing: _____ Wheel Base: _____ Static Ground Clearance: _____

Empty Center of Gravity: _____ Loaded Center of Gravity: _____ Combined Center of Gravity: _____

Total Vehicle Height: _____ Total Vehicle Length: _____ Pintle Height: _____

Body Torsional Stiffness (if known): _____ Center Tire Inflation System: Yes No Frame Type: C-Channel Uni-Body V-Hull

POWER TRAIN	VEHICLE PERFORMANCE DATA
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ENGINE INFORMATION

Engine Type: Gas Diesel Electric

Manufacturer: _____

Model: _____

Max. Power: _____ Governed Engine Speed: _____

Net Torque: _____ @ _____ RPM

Approach Angle: _____ Operational Terrain %: _____

Departure Angle: _____ _____ High Quality Paved Road

Max. Vehicle Speed: _____ _____ Secondary Road

Fording Depth: _____ _____ Trail / Cross Country

Vehicle Roll Gradient: _____

Understeer: _____

TRANSMISSION

Transmission Type: Automatic Manual Hydrostatic

Manufacturer: _____

Model: _____

Low Ratio: _____ Stall Ratio: _____

Overdrive: _____

STEERING

Steering Type: Rack Box

Steering Rack / Box Ratio: _____

Steering Box Max Torque Output: _____

Turning Circle (Curb to Curb): _____

Maximum Steering Pressure: _____

TRANSFER CASE

Manufacturer: _____

Model: _____

Low Ratio: _____ Stall Ratio: _____

Overdrive: _____ Differential: Yes No

Disconnect: Front Rear None

BRAKE

Air Brake Disc Brake, Dia.: _____
or
 Hydraulic Brake Drum Brake, Dia.: _____ Width _____

Make _____

Model _____

ADDITIONAL INFORMATION / CONCERNS (PLEASE PRINT): _____



HENDRICKSON INDEPENDENT SUSPENSION



PRIMAAX® EX



HAULMAAX®



HN®



RT™/RTE™



ULTIMAAX®



OTHER

SUSPENSION DETAILS

Table with columns: Axle, Suspension Type (Mechanical, Air, Independent), Hendrickson Suspension, Spring/Damper Type, Track Width, Travel (Jounce), Travel (Rebound), Anti-Roll Bar Needed, Empty GCW, Loaded GVW, Loaded GCVW.

WEIGHT

TIRES / RIMS

Table with columns: Axle, Brand, Type (Run Flat, Standard), Tire Size, SLR, Hub (Single, Dual), Wheel/Rim Offset, Steerable (Yes, No), Max. Steer Angle (Degrees).

STEERING

AXLE COMPONENTS

Table with columns: Axle, Drive (Yes, No), Axle Mounting Center, Flange to Flange, Differential Ratio, Wheel End Ratio, Overall Ratio, Rotation (CW, CCW), Differential Type (Standard, Lock, Limited/Slip, No Spin).



OVERLOADED SUSPENSIONS CAN CAUSE COMPONENT FAILURE, LOSS OF VEHICLE CONTROL, SEVERE PERSONAL INJURY OR DEATH. DO NOT EXCEED SUSPENSION CAPACITY RATINGS. DO NOT OPERATE AUXILIARY LIFT AXLES OR OTHER LOAD TRANSFERRING DEVICES IN ANY WAY THAT CAN OVERLOAD THE SUSPENSION.

TERMS AND CONDITIONS

- This Military Suspension Application Approval ("Approval") by Hendrickson Truck Commercial Vehicle Systems ("Hendrickson") is subject to, at minimum, the following terms and conditions:
1. This Approval is (i) general in nature, (ii) based solely upon the above-referenced information as provided by the REQUESTER...
2. The subject application(s) and the installation, operation, service and maintenance of Hendrickson suspension systems...
3. This Approval does not account for, nor shall Hendrickson in any way be responsible for, any adverse effect on the suspension's form, fit or function...
4. This Approval is null and void if (i) any of the information provided by the REQUESTER is incorrect or incomplete...
5. This Approval does not constitute an expressed or implied warranty...
6. Hendrickson reserves the right to modify this Approval...
7. Hendrickson may need to obtain additional information from the REQUESTER...

REQUESTER - Authorized Contact Person: _____ Title: _____

Signature _____ Date: _____

FOR OFFICE USE ONLY
Suspension Recommended: _____ CN Number: _____
Approved by: _____ Date: _____
Comments: _____

Reference No.