HENDRICKSON

FOR OFFICE USE ONLY
APPLICATION NO.

TRUCK REAR DRIVE AXLE SUSPENSION APPLICATION APPROVAL REQUEST

SELECT ONE

☐ Original Equipment Manufacturer (OEM) Request
☐ Aftermarket Suspension Conversion Request

DATE: _____ **ATTN:** _____

applicationsubmittals@hendrickson-intl.com
630.910.2847

APPLICATION APPROVAL REQUESTER – REQUIRED INFORMATION

(All such information provided to Hendrickson will be subject to Hendrickson's Privacy Policy posted at www.hendrickson-intl.com/privacy-policy)

Company Name	Mailing Address
Contact Person	City, State, Zip
Telephone	Email Address

VEHICLE APPLICATION

SELECT ALL THAT APPLY (NON-FIRE RESCUE)

- ☐ Beverage
- ☐ Car Carrier
- ☐ City Delivery
- ☐ Construction
- ☐ Crane / Boom
- ☐ Dump - Rear
- ☐ Dump - Side
- ☐ Flatbed - Building Materials
- ☐ Line Haul
- ☐ Logger
- ☐ Milk
- ☐ Mining
- ☐ Mixer (Concrete) - Front Discharge
- ☐ Mixer (Concrete) - Rear Discharge
- ☐ Municipal
- ☐ Oil Field
- ☐ Pumper (Concrete)
- ☐ Snow Plow - Front
- ☐ Snow Plow - Front with Wing
- ☐ Recycle
- ☐ Refuse - Front Loader
- ☐ Refuse - Rear Loader
- ☐ Refuse - Side Loader
- ☐ Refuse - Roll Off
- ☐ Tank Truck - Milk, Fuel, Water, Dry Bulk
- ☐ Tanker - Airport Refuel
- ☐ Tractor (On-Highway)
- ☐ Tractor (Vocational)
- ☐ Wrecker
- ☐ Yard Tractor
- ☐ Utility

Other: _____

FIRE RESCUE APPLICATION
SELECT ONE AS APPLICABLE

- ☐ Ambulance (Emergency)
- ☐ Aerial / Ladder (Emergency)
- ☐ Fire / Pumper (Emergency)
- ☐ Rescue (Emergency)
- ☐ Tanker (Emergency)

OPERATION

Country _____
On-Highway % _____
Off-Road % _____
Off-Highway % _____

VEHICLE INFORMATION

SUSPENSION APPLICATION: ☐ Commercial ☐ Defense ☐ Both

Vehicle Identification No. (VIN): _____ Mileage: _____

Make: _____ Model: _____ Year: _____ Number of Units: _____

Maximum Load on Suspension (pounds): _____ Lift Axles (if equipped): Down (pounds) ____ Up (pounds): _____

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

Unsprung Weight (pounds): _____ Wheel Base (inches): _____ Build Date: _____

Aftermarket Conversion Request Only:
Current Rear Suspension on Vehicle (Suspension Make / Model / Series): _____

OEM Request Only: Initial Demand Quantity: _____ Annual Demand Quantity: _____

VEHICLE TYPE: ☐ Tractor with Semi-Trailer ☐ Straight Truck Other _____

DRIVE AXLE(S) – SELECT ONE

- ☐ 4x2
- ☐ 6x4
- ☐ 6x6
- ☐ 8x4
- ☐ 8x6
- ☐ 8x8

AUXILIARY LIFT AXLE(S)

Drive Axle with Pusher
- ☐ 6x2
- ☐ 8x4
- ☐ 10x4
- ☐ 12x4
- ☐ 14x4

Drive Axle with Tag
- ☐ 6x2
- ☐ 8x4

Drive Axle Pusher & Tag
- ☐ 10x4

Other: _____

Legend:
● = Drive Axle

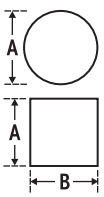
CURRENT EQUIPMENT INFORMATION

DRIVE AXLE(S) INFORMATION

Make: _____ Model: _____ Ratio: _____

Enter the dimensions **A** and **B** for the appropriate axle shown.

☐ Inches ☐ Millimeters



AXLE	Dim. A	Dim. B
Front Rear Drive		
Mid Rear Drive		
Rear Rear Drive		

TIRE INFORMATION

Make: _____

Front Size: _____ Rear Size: _____

Static Loaded Radius (SLR):

Front: _____ Rear: _____

ENGINE INFORMATION – MANDATORY FOR AIR SUSPENSIONS

Engine Model: _____

Transmission Model: _____

Peak HP: _____ @ RPM: _____

Peak Torque: _____ @ RPM: _____

Electric Motor: _____ Peak Torque: _____

REAR BRAKE INFORMATION ☐ Inches ☐ Millimeters

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

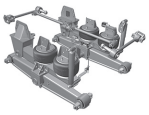
Make _____ Model _____ CBA/BAF _____

FMSI No.: _____

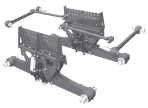
DRIVELINE RETARDER ☐ Yes ☐ No

TRUCK REAR DRIVE AXLE SUSPENSION DESIRED – SELECT ONE

MECHANICAL SUSPENSIONS

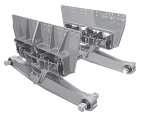


AR2™ (Air Over Equalizing Beam)
- ☐ **RT Conversion**
- ☐ **Complete Suspension** (Includes beams)



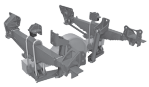
☐ **HAULMAAX® EX** (Rubber Springs)

☐ **RT™** (Steel Springs) **Limited offering** – 46,000 to 52,000 pound capacity



☐ **ULTIMAAX®** (Rubber Springs)

☐ **RS™**– (Rubber Load Cushions), 85,000 to 120,000 pound capacity



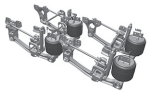
☐ **HTS™**

☐ **R™**– (Solid Mount) 85,000 to 120,000 pound capacity

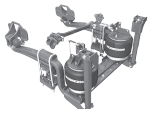
AIR SUSPENSIONS

☐ **PRIMAAX® EX**

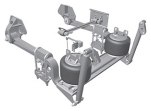
☐ **HAS™**



☐ **FIREMAAX® EX**



☐ **ROADMAAX®**



☐ **COMFORT AIR®**

Other: _____

EQUALIZING BEAM EQUIPPED – OPTIONS

- **If equipped with R, RS, RT, CENTER BUSHING – SELECT ONE**
  - ☐ Bronze Center Bushing
  - ☐ Rubber Center Bushing
- **END BUSHING – SELECT ONE**
  - ☐ Bar Pin End Bushing
    - ☐ Shim Type ☐ Non-Shim Type
  - ☐ Adapter Style End Bushing
- **SHOCK ABSORBER OPTION – SELECT ONE**
  - ☐ Outboard ☐ Inboard ☐ None
- **LONGITUDINAL TORQUE ROD**

OPTIONS – SELECT ONE
- ☐ Use existing longitudinal torque rod
- ☐ **TWO-PIECE**
- ☐ **ONE-PIECE –** Provide torque rod length (center to center)
  - ☐ Inches ☐ Millimeters
  - Front Torque Rod Length _____
  - Rear Torque Rod Length _____

TORQUE ROD FRAME BRACKET
- ☐ Straddle ☐ Taper

TORQUE ROD AXLE BRACKET
Furnished by Axle Manufacturer

What type:
- ☐ Straddle ☐ Thru Bolt

Bracket Part No _____

TRANSVERSE TORQUE RODS

Transverse torque rods are required for all Hendrickson rear air suspensions. For those suspensions equipped with equalizing beams, refer to Hendrickson Literature No. 59310-004 or 59310-058 for mandatory use of transverse torque rods.

OPTIONS – SELECT ONE
- ☐ Use existing transverse torque rod
- ☐ **TWO-PIECE**
- ☐ **ONE-PIECE –** Provide torque rod length (center to center)
  - ☐ Inches ☐ Millimeters
  - Front Torque Rod Length _____
  - Rear Torque Rod Length _____

FRAME BRACKET
- ☐ Straddle ☐ Taper

TORQUE ROD AXLE BRACKET
Furnished by axle manufacturer

Part of axle ☐ Yes ☐ No

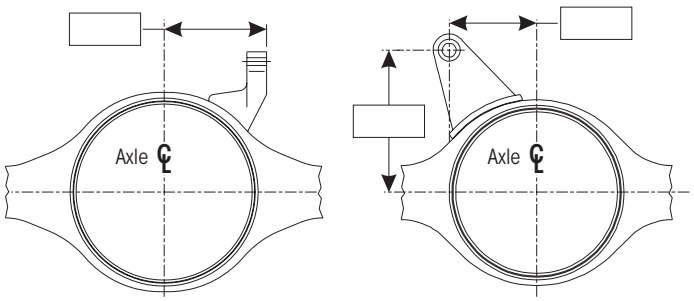
If yes, what type:
- ☐ Straddle ☐ Taper ☐ Thru Bolt

* Bracket Part No _____

NOTE

* If the torque rod axle bracket part number is not available, provide the horizontal and vertical distance off the axle centerline, as shown in the graphic below.

Specify Measurements in ☐ Inches ☐ Millimeters



CURRENT REAR SUSPENSION AND RELATED MEASUREMENTS – FILL IN ALL APPLICABLE MEASUREMENTS

DIAGRAM A

Specify Measurements in ☐ Inches ☐ Millimeters

A1 Frame Width _____
(Frame Rail to Frame Rail)

A2 Frame Height _____

A3 Flange Width _____

A4 Liner Thickness _____

A5 Frame Thickness _____

A6 Centers, as applicable

☐ Dowel Pin Centers _____

☐ Beam Hanger Centers _____

REAR TIRES

A7 Inside Walls _____

A8 Track Width _____

A9 Axle Centerline to Bowl Centerline _____

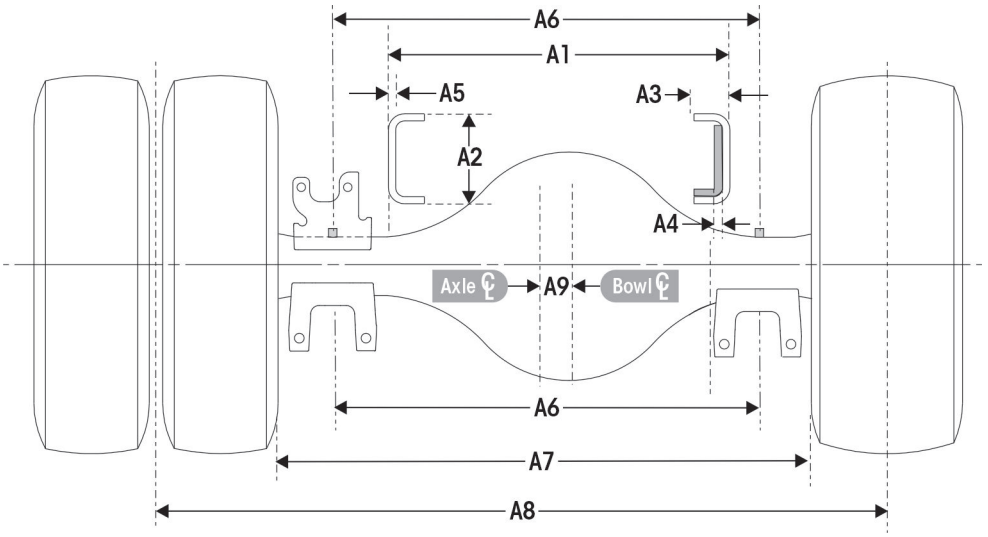


DIAGRAM B

Specify Measurements in ☐ Inches ☐ Millimeters

B1 Empty Chassis Height _____
(Bottom of Frame to Ground)

B2 Loaded Chassis Height _____
(Bottom of Frame to Ground)

B3 Empty Ride Height _____
(Bottom of Frame to Centerline of Axle)

B4 Loaded Ride Height _____
(Bottom of Frame to Centerline of Axle)

B5 Empty Frame Slope _____°
(Not Shown)

B6 Loaded Frame Slope _____°
(Not Shown)

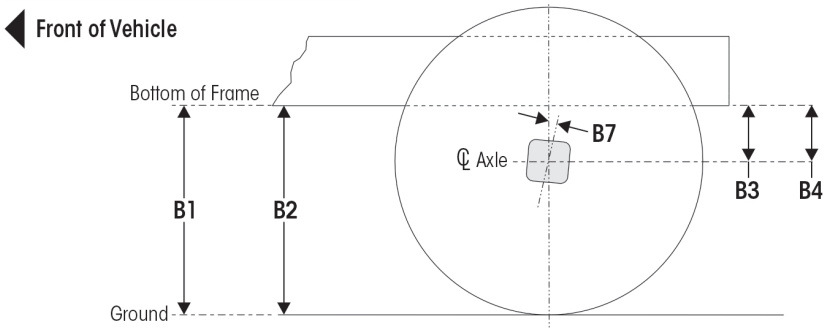
B7 Front Pinion Angle _____°

B8 Rear Pinion Angle _____°

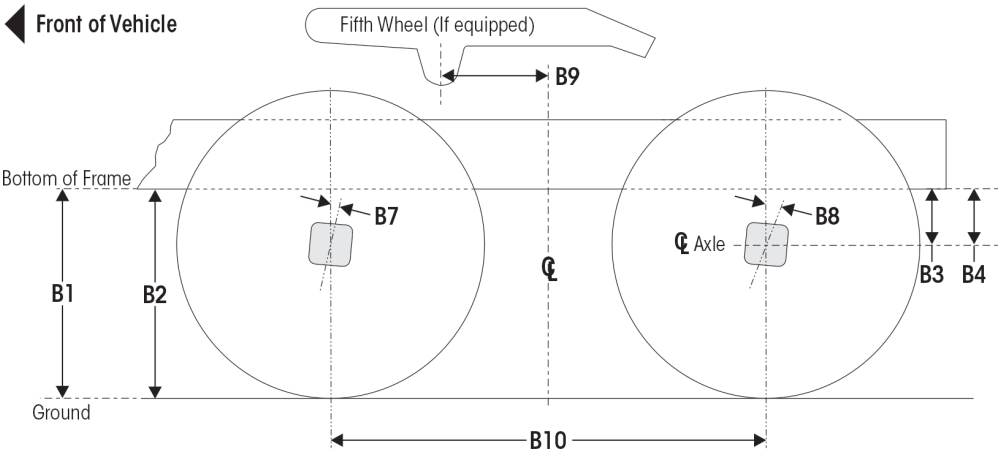
B9 Fifth Wheel Offset _____
(Measurement required only if Fifth Wheel equipped)

B10 Drive Axle Spacing _____

SINGLE REAR SUSPENSION



TANDEM REAR SUSPENSION



ADDITIONAL INFORMATION / CONCERNS PLEASE PRINT

⚠ WARNING ADHERE TO THE PUBLISHED CAPACITY RATINGS FOR THE SUSPENSION. ADD-ON AXLE ATTACHMENTS AND OTHER LOAD TRANSFERRING DEVICES, SUCH AS LIFTABLE AXLES, CAN INCREASE THE SUSPENSION LOAD ABOVE ITS RATED AND APPROVED CAPACITIES, WHICH CAN RESULT IN COMPONENT DAMAGE, ADVERSE VEHICLE HANDLING, AND POSSIBLE PERSONAL INJURY OR PROPERTY DAMAGE.

TERMS AND CONDITIONS

This Truck Rear 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 and without Hendrickson's first-hand knowledge of such information, and (iii) does not account for any additional information regarding the subject vehicle's operating condition and configuration, or any unauthorized modifications or repairs that may have been conducted.
2. The subject application(s) and the installation, operation, service and maintenance of Hendrickson suspension systems and related components must comply with all applicable written capacity ratings, specifications, instructions and guidelines from Hendrickson and the respective vehicle manufacturer. Contact Hendrickson for any additional copies of its applicable written materials.
3. This Approval does not account for, nor shall Hendrickson in way be responsible for, any adverse effect on the suspension's form, fit or function or any damages due to improper installation, operation, service or maintenance, unauthorized modification, neglect, accident, misuse, or operation beyond the written capacity ratings of the suspension system or the vehicle to which such equipment and components are attached.
4. This Approval is null and void if (I) any of the information provided by the REQUESTOR is incorrect or incomplete, or (ii) there is any deviation from the applicable written capacity ratings, specifications, instructions and guidelines from Hendrickson and the respective vehicle manufacturer regarding the installation, operation, service and maintenance of the suspension systems and related components.
5. **THIS APPROVAL DOES NOT CONSTITUTE AN EXPRESSED OR IMPLIED WARRANTY, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.**
6. Hendrickson reserves the right to modify this Approval, and any recommendations and/or prices if the above-referenced information provided by the REQUESTOR changes in any way. The REQUESTOR shall immediately notify Hendrickson's Engineering Department in writing of any/all changes in such information (including, but not limited to, vehicle frame, height, load, rear axle and tire size) that may affect the suspension.
7. Hendrickson may need to obtain additional information from the REQUESTER, depending upon the scope and nature of the proposed application.

REQUESTER

Authorized Contact Person	Title
Signature	Date

SUBMIT FORM

FOR OFFICE USE ONLY

Rear Suspension Recommended:		BOM Number:	APPLICATION NO.
Approved by:	Date:	Customer Number:	
Comments:		CN Number:	

*Call Hendrickson at **630.910.2800** or **855.RIDERED (855.743.3733)** for additional information.*

HENDRICKSON®
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