

Replacement Axle Request Form

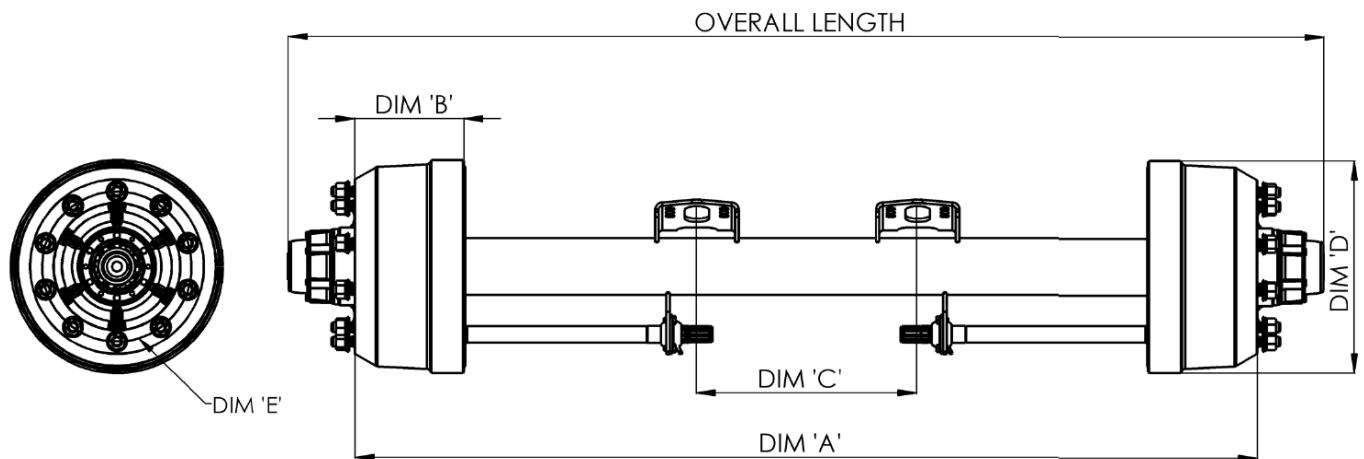
Company Name:

Contact Name:

Contact Email:

Contact Phone Number:

Date and Signature:



Required axle is = Disc or Drum (circle applicable)

Axle fitment is to = Truck or Trailer (circle applicable)

Dimension 'A' = _____ mm (Wheel mounting face to wheel mounting face)

Dimension 'B' = _____ mm (Wheel mounting face to dust cover face)

Dimension 'C' = _____ mm (Distance between brake lever centres)

Dimension 'D' = _____ mm (Brake band diameter)

Axle capacity as per vehicle plate = _____ Kg

Single or twin wheels = Single or Twin (circle applicable) If single are they Centre or Offset

Number of wheel stud fixings = 8 or 10 (circle applicable)

Dimension 'E' wheel bolt PCD = _____ mm

Type of wheel fixing = ISO or DIN (circle applicable)

Drum configuration – Does wheel mount against = Drum or Hub (circle applicable)

Caliper fitted with Pad wear sensors = Yes or No (circle applicable)

Make of caliper fitted (if applicable) = Wabco or Knorr Bremse or Other (circle applicable)

Drop centre axles - Drop amount = _____ mm (centre of axle beam to centre of drop)

Drop centre offset towards right hand side = _____ mm (centre of axle to centre of drop)

Does the axle need to have ABS = Yes or No (circle applicable)

Omitted information will be filled in by Granning Axles and Suspensions Ltd to meet its standards and product stocks

Tel: +353 (0) 45 897 553/Fax: +353(0) 45 848 638

Please send back to : info@granningaxles.ie