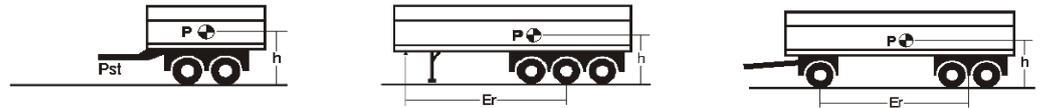


BRAKE KIT REQUEST FORM

Company name:
Contact name:
E-Mail

| | |
|--|-------|
| | |
| | Date: |
| | Tel: |



Trailer Type (please select)

Centre Axle Trailer
Rigid Drawbar Trailer

Semi Trailer

Drawbar Trailer

Trailer use

Commercial

Agricultural

Engineering Plant

Fixed Load

Number of axles

Intended Country of Registration

Brake Regulation

Brake Actuation

Air

Hydraulic

Both

Suspension Type

Air

Mechanical

Hydraulic

Brake Chamber Axle 1

Brake Chamber Axle 2

Brake Chamber Axle 3

Brake Chamber Axle 4

Brake Chamber Axle 5

| |
|--|
| |
| |
| |
| |
| |

Specify Size and Type (eg. Air 24/30, Dual air hydraulic 16/25mm)

If unknown please complete Brake Calculation form 80304

Slack adjuster

Automatic

Manual

Modulation

ABS

EBS

LSV

None

Operating Voltage

12V

24V

Other

Manufacturer

Wabco

Knorr Bremse

Haldex

Other

Length of Power Cable Required

12m

15m

18m

Other

Manual Handbrake required

Yes

No

Air Reservoir Volume Required if known

Steer axle lock control required

Cab

Side of trailer

EBS

Reversing light

Coupling Connectors

C Couplings

Palm Couplings

Specify other if required

Coupling Suzies Required

Yes

No

Air Suspension Control

Lift Axle Control

Manual valve

EBS Automatic

Control box Automatic

Leveling Valve

None

Standard

With height limitation

Raise Lower Valve

Standard Manual

Automatic Return To Ride Height

Air Suspension Dump Valve

Yes

No

Any other comments

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

Tel: (+353) 45 897553

Please, send back to: eds@granningaxles.ie