



Application Approval Request

Application No. _____

Vehicle Manufacturer		Vehicle/Model		Vehicle/Chassis No.		Date	
Vocation		Country Domiciled		Duty Cycle <input type="checkbox"/> On HWY <input type="checkbox"/> Off HWY <input type="checkbox"/> On-Off/ MTN. HWY <input type="checkbox"/> Off Road		Configuration <input type="checkbox"/> 4 X 2 <input type="checkbox"/> 6 X 4 <input type="checkbox"/> 4 X 4 <input type="checkbox"/> 6 X 6 <input type="checkbox"/> 6 X 2 <input type="checkbox"/>	
Operating Conditions On Road % Off Road %							

Vehicle Type: Straight Truck Bus/Coach Truck W/Trailer Tractor W/Trailer Other _____

<input type="checkbox"/> lb. <input type="checkbox"/> kg	Load on each Axle		Tire Information		Track <input type="checkbox"/> in. <input type="checkbox"/> mm		Drive Axle Information Ratio _____ <input type="checkbox"/> Single-speed <input type="checkbox"/> Two-speed <input type="checkbox"/> Tandem <input type="checkbox"/> Other _____ <input type="checkbox"/> Standard Differential <input type="checkbox"/> Diff Lock <input type="checkbox"/> Controlled Traction <input type="checkbox"/> No-Spin
	Nominal Load	With Max Overload	Size	SLR	Single Wheel	Dual Wheel	
Steer Axle							Suspension <input type="checkbox"/> in. <input type="checkbox"/> mm Type _____ Mounting Centers _____ Mfr _____ Model _____
Rear Axle							
Tag/Pusher							

GVW Nominal _____ GVW with Overload _____
GCW Nominal _____ GCW with Overload _____

Steer Axle Information in. mm
 Non Drive Drive/Steer Axle Ratio _____
KPI _____ KPI to Pad Drop _____ Pad to Center Drop _____
Max Turn Angle LH/RH _____
Wheelbase _____
Suspension Type _____
Spring Centers _____
Bolt Hole Spacing
Side to Side _____ Fore and Aft _____ Hole Size _____
Steering Arm Left Hand Right Hand Dual Steer
Steer Arm length _____ Steer Arm height _____
Ball Position Up Down
Power Steering Pump Mfr _____ Model _____
Power Steering output torque _____ Ft lbs NM
NOTE: Power steering system must relieve pressure before stop bolt contacts axle beam, in full turn.

Engine Ft lbs NM
Mfr _____ Model _____
Gross HP @ GOV RPM _____ @ _____
Gross Torque @ RPM _____ @ _____

Transmission (main)
Mfr _____ Model _____
Low Ratio _____ High Ratio _____

Torque Converter
Mfr _____ Model _____
Max Net Output @ (Stall) _____ Stall Ratio _____

Transmission (auxiliary) or transfer case
Mfr _____ Model _____
Low Ratio _____ High Ratio _____

Retarder Type: Hydraulic Electric Engine Exhaust
Mfr _____ Model _____

Brake Information	Model	Brake Size & Type	Chamber Size	Slack Adjuster		Maximum Air Chamber Press <input type="checkbox"/> psi <input type="checkbox"/> kPa
				Length	Type	
Steer Axle					<input type="checkbox"/> Auto <input type="checkbox"/> Manual	
Rear Axle					<input type="checkbox"/> Auto <input type="checkbox"/> Manual	
Tag/Pusher					<input type="checkbox"/> Auto <input type="checkbox"/> Manual	

Requestor Vehicle Manufacturer: _____
e-mail address: _____ Phone No.: _____ Fax No.: _____

Dana Use Only: Spicer Heavy Axle & Brake Approval Section

	Steer	Rear	Tag/Pusher	Other
Axle Model				
Axle Ratio(s)				
Brake Model				

Remarks: _____

Approver: Application No. _____ Signed _____ Date _____
DANA Corporation, Commercial Vehicle Systems Division Inquiry No. _____



This recommendation is based solely on the information shown above. Therefore, if specifications or operation is altered, this approval does not apply. Any deviations from original must be submitted in writing to DANA Commercial Vehicle Systems Division, Applications Engineering Department for approval.