

REAR SUSPENSION APPLICATION APPROVAL REQUEST

SELECT ONE

OEM APPLICATION AFTERMARKET CONVERSION



applicationsubmittals@hendrickson-intl.com

DATE: _____ ATTN.: _____



1.630.910.2847

APPLICATION APPROVAL REQUESTER – REQUIRED INFORMATION

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

VOCATION

SELECT ALL THAT APPLY

- Beverage
- Car Carrier
- City Delivery
- Construction
- Crane / Boom
- Dump
- Heavy Haul Tractor
- Line Haul
- Logger
- Milk
- Mining
- Mixer (Concrete) - Front Discharge
- Mixer (Concrete) - Rear Discharge
- Oil Field
- Pumper (Concrete)
- Snow Plow - Front
- Snow Plow - Front w/Wing
- Recycle
- Refuse - Front Loader
- Refuse - Rear Loader
- Refuse - Side Loader
- Refuse - Roll Off
- Tank Truck
- Tractor (On-highway)
- Tractor (Vocational)
- Wrecker
- Yard Tractor

Other: _____

VEHICLE INFORMATION

SUSPENSION APPLICATION: Commercial Defense Both

VIN #: _____ Mileage: _____

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

Maximum Load on Suspension (at the ground): w/Lift Axles Down: _____ w/Lift Axles Up: _____

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

Unsprung Weight: _____ Wheel Base: _____ Build Date: _____

If Aftermarket Conversion: Current Suspension on Vehicle (Suspension Make / Model / Series): _____

If OEM Applications: Initial Demand: _____ Annual Demand: _____

VEHICLE TYPE: Tractor w/Semi-Trailer Straight Truck Other _____

DRIVE AXLE – SELECT ONE	AUXILIARY AXLE – SELECT ONE IF EQUIPPED	Other:
<input type="checkbox"/> 4x2	<input type="checkbox"/> Drive Axle with Pusher <input type="checkbox"/> 6x2	<input type="checkbox"/> Drive Axle with Tag <input type="checkbox"/> 6x2
<input type="checkbox"/> 6x4	<input type="checkbox"/> 8x4	
<input type="checkbox"/> 6x6	<input type="checkbox"/> 10x4	
<input type="checkbox"/> 8x4	<input type="checkbox"/> Drive Axle Pusher & Tag <input type="checkbox"/> 10x4	
<input type="checkbox"/> 8x6	<input type="checkbox"/> 12x4	
<input type="checkbox"/> 8x8	<input type="checkbox"/> 14x4	

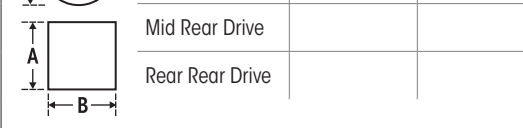
Legend: ● = Drive Axle

FIRE/RESCUE – SELECT ONE

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

EQUIPMENT INFORMATION

DRIVE AXLE INFORMATION	ENGINE INFORMATION – MANDATORY FOR AIR SUSPENSIONS
Make: _____ Model: _____ Ratio: _____ Enter the dimensions A and B for the appropriate axle shown. <input type="checkbox"/> inches <input type="checkbox"/> millimeters	Engine Model: _____ Transmission Model: _____ Peak HP: _____ @ RPM: _____ Peak Torque: _____ @ RPM: _____



OPERATION

Country _____

On-Highway % _____

Off-Road % _____

Off-Highway % _____

TIRE INFORMATION

Make: _____

Front Size: _____ Rear Size: _____

Front SLR: _____ Rear SLR: _____

BRAKE INFORMATION

Air Brake Disc Brake, Dia.: _____

or or

Hydraulic Brake Drum Brake, Dia.: _____ Width _____

Make _____ Model _____ CBA/BAF _____

FMSI No.: _____

DRIVELINE RETARDER Yes No



REAR SUSPENSION DESIRED – SELECT ONE

WALKING BEAM SUSPENSIONS



AR2™ (Air over Walking Beam)

Conversion

Complete Suspension (Includes Beam)



HAULMAAX® (Rubber Springs)



HN® (Rubber Springs)



ULTIMAAX® (Rubber Springs)



RT™ (Steel Springs)



RTE™ (Steel Springs w/extended leaf spring)



RS™ (Rubber Load Cushions)



R™ (Solid Mount)

EQUALIZING BEAM OPTIONS

END BUSHING – SELECT ONE

- Bar Pin End Bushing
- Shim Type
- Non-shim Type
- Adapter Style End Bushing

CENTER BUSHING – SELECT ONE R, RS, RT, RTE only

- Bronze Center Bushing
- Rubber Center Bushing

BEAM HANGER BRACKET

Furnished by Axle Manufacturer

PART OF AXLE Yes No

Bracket Part No _____

Drop _____

Width between legs

Inches Millimeters

SHOCK ABSORBER OPTION – SELECT ONE

Optional for HAULMAAX, R, RS, RT, RTE, ULTIMAAX

- 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 _____

Rear _____

FRAME BRACKET

- Straddle
- Taper

AXLE BRACKET

Furnished by Axle Manufacturer

Part Of Axle Yes No

If yes, what type:

- Straddle
- Thru Bolt

*Bracket Part No _____

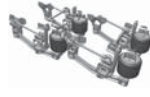
AIR SUSPENSIONS



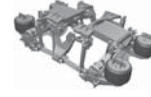
PRIMAAX® EX



COMFORT AIR®



FIREMAAX® EX



HTB®



HAS™

OTHER SUSPENSIONS



HTB® (Mechanical)



HTS™

Other _____

TRANSVERSE TORQUE RODS OPTIONS

Transverse torque rods are required for all air suspensions. For walking beam suspensions, refer to Hendrickson Literature No. 59310-004 or 59310-058 for mandatory use of transverse torque rod.

SELECT ONE

- Use existing Transverse Torque Rod
- TWO-PIECE
- ONE-PIECE – Provide torque rod length (center to center)
 - Inches
 - Millimeters

Front _____

Rear _____

FRAME BRACKET

- Straddle
- Taper

AXLE BRACKET

Furnished by Axle Manufacturer

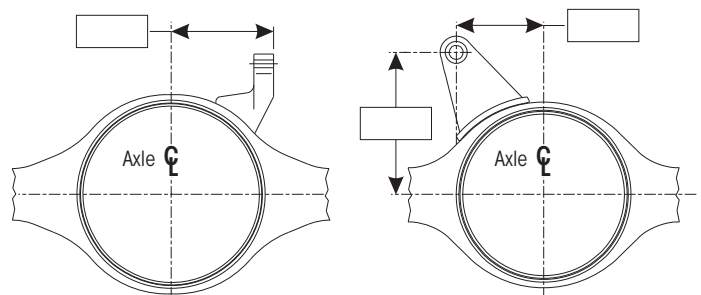
Part of Axle Yes No

If yes, what type:

- Straddle
- Taper
- Thru Bolt

*Bracket Part No _____

NOTE: * If the torque rod bracket part number is not available, provide the horizontal and vertical distance off the axle centerline, as shown in the graphic below. Specify, measurements are in Inches Millimeters





CURRENT DIMENSIONAL DIAGRAMS – FILL IN ALL APPLICABLE DIMENSIONS

DIAGRAM A

Specify, measurements in inches millimeters

A1 Frame Width _____
 Frame Rail to Frame Rail
 Centerline Web to Centerline Web

A2 Section _____

A3 Flange _____

A4 Liner Thickness _____

A5 Frame Thickness _____

A6 _____
Beam Hanger Dowel Pin Centers

TIRE

A7 Inside Walls _____

A8 Track _____

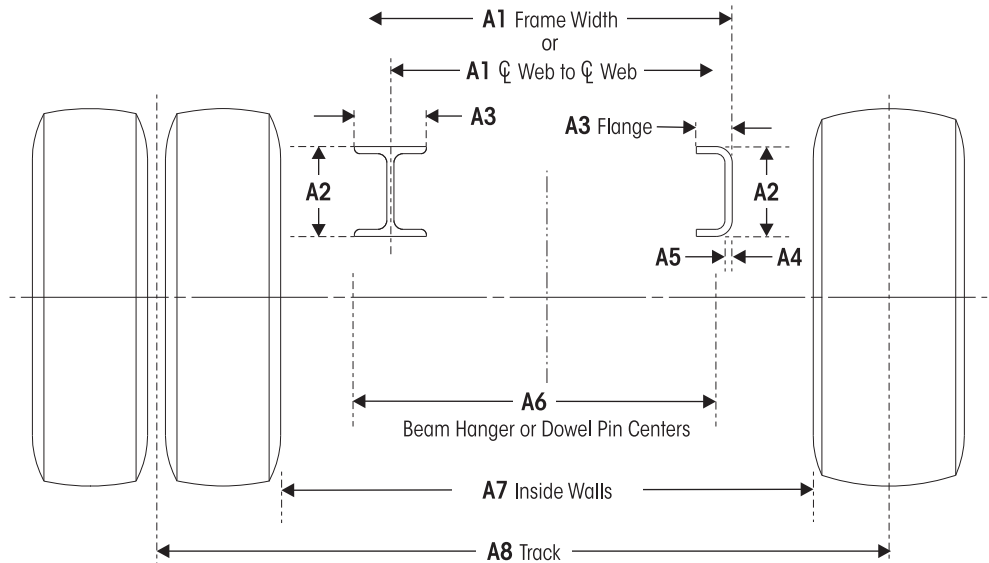


DIAGRAM B

Specify, measurements in inches millimeters

B1 Empty Height _____
(Bottom of Frame to Ground)

B2 Loaded Height _____
(Bottom of Frame to Ground)

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

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

B5 Unladen Frame Slope _____ °

B6 Laden Frame Slope _____ °

B7 Front Pinion Angle _____ °

B8 Rear Pinion Angle _____ °

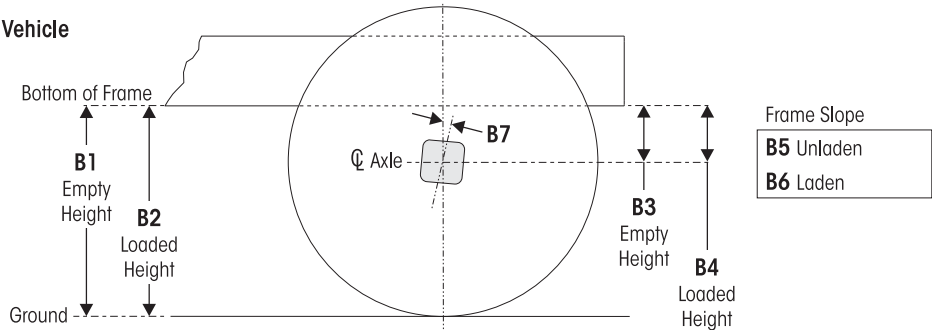
B9 Fifth Wheel _____
(Measurement required only if equipped)

B10 Offset _____
(Measurement required only if equipped)

B11 Axle Spacing _____

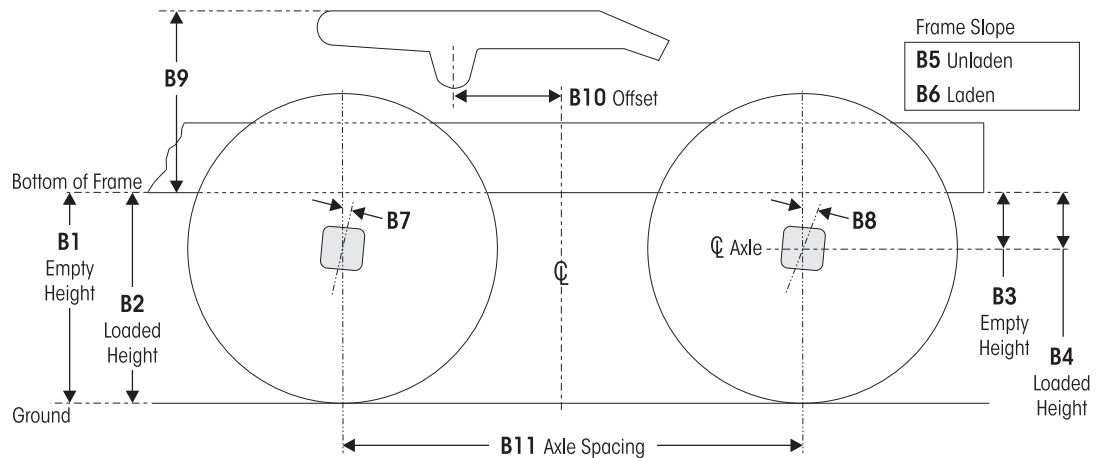
SINGLE

◀ Front of Vehicle



TANDEM

◀ Front of Vehicle





ADDITIONAL INFORMATION / CONCERNS PLEASE PRINT

Empty box for additional information or concerns.



WARNING

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 Rear Suspension Application Approval ("Approval") by Hendrickson Truck Suspension 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 any 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: _____

FOR OFFICE USE ONLY

Rear Suspension Recommended:

BOM Number:

Approved by:

Date:

Customer Number:

Comments:

CN Number:

Application No.

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