



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
	Nominal Load	With Max Overload	Size	SLR	Single Wheel	Dual Wheel	
Steer Axle							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
Rear Axle							Suspension <input type="checkbox"/> in. <input type="checkbox"/> mm Type _____ Mounting Centers Mfr _____ Model _____
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 <hr/> <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.