



151 Snyder Avenue
Barberton, OH 44203

Exhaust System Design Worksheet

Name of Facility: _____

Name of Distributor: _____

Dealer Type: _____

Distributor Salesman: _____

Dealer Contact: _____

Distributor Telephone: _____

Dealer Telephone: _____

Distributor Fax: _____

Dealer Address: _____

City, ST, Zip: _____

SECTION #1 VEHICLE

PRIVATE PASSENGER VEHICLES

Please Circle the Type of Vehicle: Cars Vans Pick-ups High-Performance Other

Is Dynamometer Testing Performed: Yes No

COMMERCIAL & INDUSTRIAL VEHICLES

Please Circle the Type of Vehicle: Truck Bus Construction Eqmt. Military Other

Is Dynamometer Testing Performed: Yes No

Are Natural Gas Vehicles Incorporated: Yes No

Type of Exhaust, Circle All That Apply: Single Dual Horizontal Raincap Curved Straight

Diameter of Exhaust Pipe(s): _____

SECTION #2 ENGINE

ENGINE DATA

Type of Engine: Gas Diesel 2-Cycle 4-Cycle Other

Are Engines Turbocharged? Yes No If yes, Maximum Boost Pressure? _____

Maximum Operating RPM of Engine: _____

SECTION #3 FACILITY

BUILDING CONSIDERATIONS

Type of Building: Existing New Structure

Height of Ceiling: _____

Number of Service Bays: _____

Is 208V/60 Hz 3-phase power available: Yes No

Timing of installation: _____

SECTION #4 EUROVENT

Type of Sliding Crab Requested: CSA CAR CS

Balancer Required: Yes No

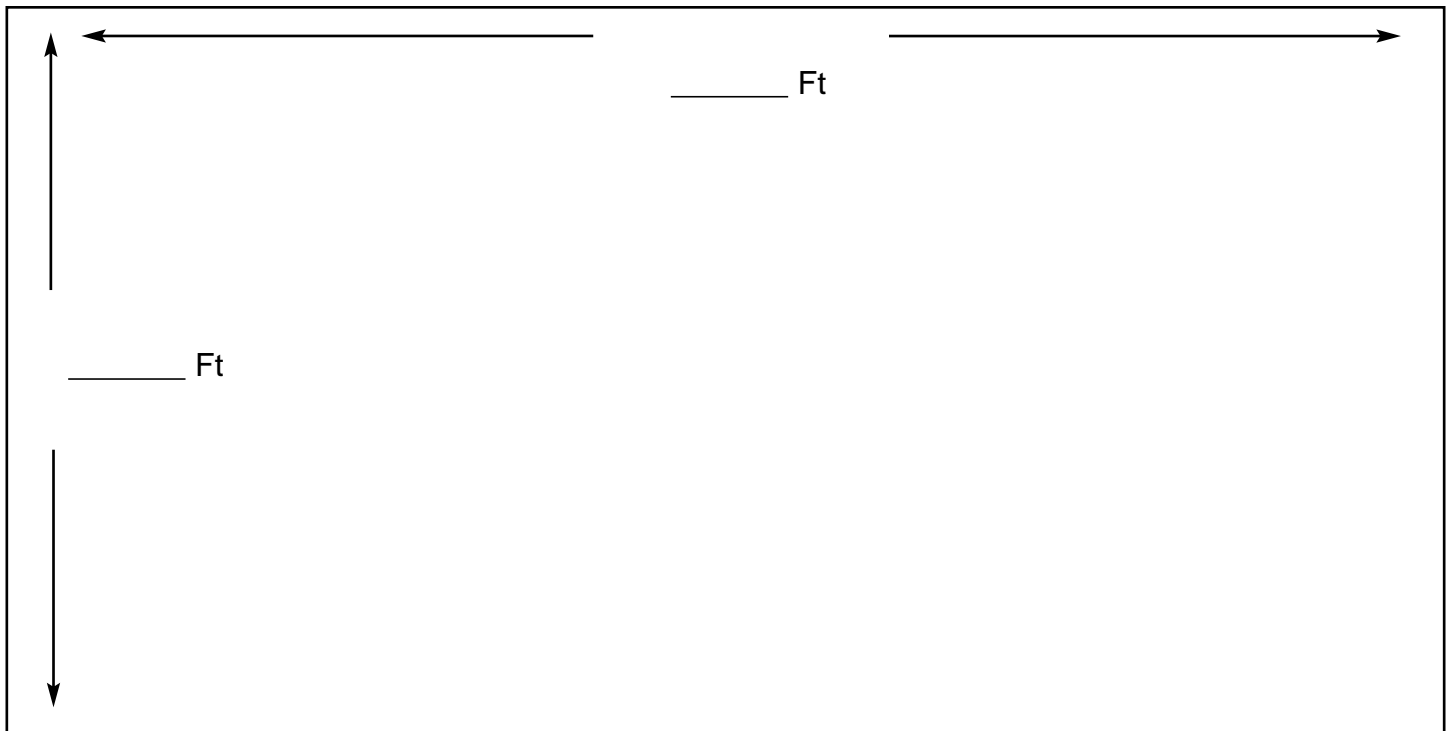
Number of Sliding Crabs Requested: _____

Type of Ceiling Bracket Required: _____

Type of Fan Installation: Rail Mount Remote Indoors Remote Outdoors

SECTION #5

Please provide a sketch of the facility layout. Please note any special requirements.



Fax above information to (330) 753-6419