

BRAKE KIT REQUEST FORM

Company name:		
Contact name:		Date:
E-Mail		Tel:

Trailer Type Semi Trailer / Centre Axle / Full Trailer / Unbalanced Centre Axle

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		Specify Size and Type (eg. Air 24/30, Dual air hydraulic 16/25mm) If unknown please complete Brake Calculation form 80304
Brake Chamber Axle 2		
Brake Chamber Axle 3		
Brake Chamber Axle 4		
Brake Chamber Axle 5		

Slack adjuster	Automatic / Manual	Wabco / Knorr Bremse / Haldex / other 12m / 15m / 18m other
Modulation	ABS / EBS / LSV / None	
Operating Voltage	12V / 24V / Other	
Manufacturer		
Length of Power Cable Required		

Manual Handbrake required Yes / No

Air Reservoir Volume Required if known		Cab / Side of trailer / EBS / Reversing light
Steer axle lock control required		

Coupling connectors C Couplings / Palm Couplings / specify other if required

Air Suspension Control

Lift Axle Control		Manual valve / EBS Automatic / Control box Automatic / None Standard / With height limitation Standard Manual / Automatic Return To Ride Height
Leveling valve		
Raise Lower Valve		
Air suspension dump valve		

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

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