



Use this form to apply for approval of Drive Axle applications not covered by Drive Axle Application Guidelines No. AXAG-0200. Fax to the Application Engineering Department (888) 274-2007.

Original Equipment Manufacturer				End User		Vocation		
Country Domiciled		Chassis No.	Vehicle Model		Vehicle Type		Configuration: <input type="checkbox"/> 4 x 2 <input type="checkbox"/> 4 x 4 <input type="checkbox"/> 6 x 2 <input type="checkbox"/> 6 x 4 <input type="checkbox"/> 6 x 6 <input type="checkbox"/> Other:	
Engine Manufacturer				Model				
Gross Torque		<input type="checkbox"/> lb ft <input type="checkbox"/> N m @	rpm	Gross		<input type="checkbox"/> hp <input type="checkbox"/> kW @		rpm
Transmission Manufacturer:				Model:				
Low ratio:		High ratio:		Low ratio reverse				
Torque Converter Ratio		If automatic-Max. Net Converter Output at Stall				<input type="checkbox"/> lb ft <input type="checkbox"/> N m		
Auxiliary Transmission Manufacturer:			Model		Low Ratio	High Ratio		
Retarder Manufacturer:				Model				
Suspension Manufacturer:				Model				
Mounting Centers			<input type="checkbox"/> in. <input type="checkbox"/> mm	Track		<input type="checkbox"/> in. <input type="checkbox"/> mm		
Front Tires Manufacturer:				Model				
Size & Tread		<input type="checkbox"/> Revs/mile <input type="checkbox"/> Revs/km		Loaded radius		<input type="checkbox"/> in. <input type="checkbox"/> mm		
Rear Tires <input type="checkbox"/> Super Single <input type="checkbox"/> Dual		Manufacturer:		Model				
Size & Tread		<input type="checkbox"/> Revs/mile <input type="checkbox"/> Revs/km		Loaded radius		<input type="checkbox"/> in. <input type="checkbox"/> mm		
Wheel Outset (Single Tire Application Only)				<input type="checkbox"/> in. <input type="checkbox"/> mm				
Weight Distribution <input type="checkbox"/> lb <input type="checkbox"/> kg		GCW	GVW	Front Axle	Rear Axle(s)	Tag/Pusher(s)		
<input type="checkbox"/> Straight Truck								
<input type="checkbox"/> Truck with Full Trailer								
<input type="checkbox"/> Tractor with Semi-Trailer								
Gear Noise Requirements: Is this a noise Sensitive Application?	If yes, across what speed range?	What is the end use? (coach, ambulance, van...)	What is the body to frame mounting specifications?	Has Dana done previous validation with the body builder?	Date			
Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Duty Cycle <input type="checkbox"/> AA (Turnpike) <input type="checkbox"/> A (On Highway) <input type="checkbox"/> B (On/Off Highway) <input type="checkbox"/> C (Off Highway) <input type="checkbox"/> D (Off Road)								
AA Turnpike or Interstate Operation on limited access, well maintained, multilane highways of excellent concrete or asphalt with maximum adverse grades not in excess of 3%. A On Highway Exclusive operation on well maintained major highways of excellent concrete or asphalt construction. Terrain may be level to rolling with occasional maximum adverse grades to 8%. Operations are subject to legal weight and dimensional limitations. B On/Off Highway or Mountainous Highway Secondary roads of good concrete or asphalt where intermittent grades of up to 12% adverse may be encountered or where up to 20% of the total operating time is spent on well maintained off highway roads of crushed rock or similar material. Grades in class are more frequent and severe than in Class A operation. Operations are subject to legal weight and dimensional limitations. C Off Highway Operation exceeding 20% of the time on roads of gravel or maintained crushed rock surface where the maximum grade is 12% and frequent grades of 8% can be encountered. This operation is not generally subject to legal weight or dimensional limitations. D Off Road Exclusively off highway on private roadways with partial operation in areas with no maintained hard surface. Grade and surface conditions may be variable. Operation is not subject to legal weight or dimensional limitations.								
Operation on Highway	%	Max. Grade	%	Average Grade	%	Length-Max. Grade	<input type="checkbox"/> mile	
						<input type="checkbox"/> km		
Requestor Use		Type(s)		Model(s)		Ratio(s)		
Drive		Single Reduction						
Axles		Two Speed/Dual Range				High	Low	
Requested		Double Reduction						
Remarks								
Requestor				Name:				
E-mail Address:			Phone:		Fax:		Date:	
Dana Corporation Commercial Vehicle Systems Division Inquiry #				Application #				
Dana will rely on the information above supplied by the requestor. The approval is null and void if the information supplied by the requestor is incorrect or incomplete. The approval will not apply to any deviations from the stated specifications or operations; a separate Application Approval Request form must be submitted for any such deviations.								