

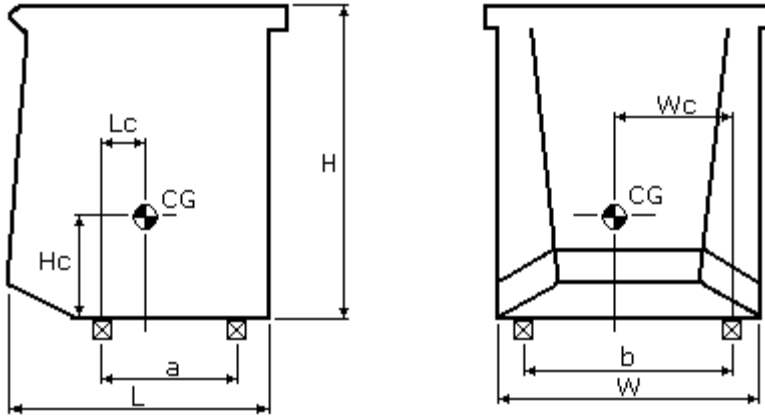


Customer Name: _____
Phone: _____
Email: _____

DATE: _____

Photocopy, complete the questionnaire, and mail or fax to: Mid-Atlantic Rubber; Application Engineering
2900 Whittington Avenue · Baltimore, Maryland 21230 · Fax: 410-644-8367

DATA REQUIRED FOR CAB ANALYSIS



1. Vehicle Model & Manufacturer: _____

2. Quantity of Cab Mounts Currently Used: _____

3. Total Mass of Cab (Include: driver, chair, instrument, A/C, etc.): _____

4. Overall Cab Dimensions (See drawing above):

L: _____ W: _____ H: _____

5. C.G. Location of Cab (See drawing above):

Lc: _____ Wc: _____ Hc: _____

6. Mount Locations (See drawing above): a: _____ b: _____

7. Engine:

of Cylinders: _____ Stroke: _____ Idle Speed: _____

8. *If Applicable (for vibratory roller applications):

High Drum Amplitude, Low Frequency: _____ Hz

Low Drum Amplitude, High Frequency: _____ Hz

9. Application: On-Highway Off-Highway Severe Duty

Details of application:

10. Safety Requirements: ROPS FOPS

Applicable safety requirements:

11. Cabin Sway Space Limitations:

12. Vehicle Operation Ground Speed:

13. Additional Service Load Inputs into Cabin:

14. Include sketch / layout of mount space if possible