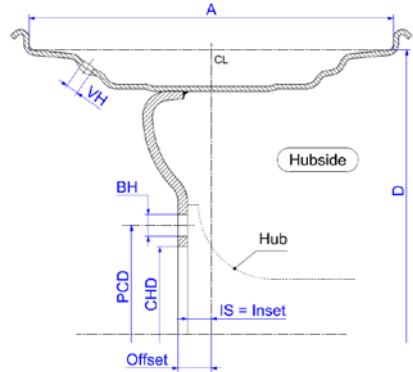
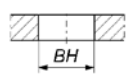
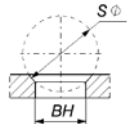
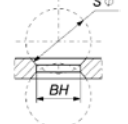
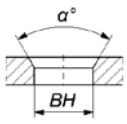
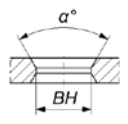


TECHNICAL WHEEL QUESTIONNAIRE

OHW Fixed & Tubeless Wheel

GENERAL INFORMATION			
Vehicle Manufacturer:		Customer P/N:	
Equipment Type:		Model:	
Axle Information:		Driven Wheel:	<input type="checkbox"/> No / <input type="checkbox"/> Yes
Notes:			

GENERAL WHEEL INFORMATION					
D – Wheel ø [in.]:					
A - Wheel Width [in.]:					
IS - Inset:					
Offset:					
CH - Center Hole ø:					
PCD Bolt Hole:					
Number of Bolt Holes:					
Type of Bolt Holes:	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
BH - Hole ø:					
Countersink:	-	$S\phi =$	mm or in ?	$\alpha =$	°
Notes:					

FURTHER SPECIFICATIONS / REQUIREMENTS			
Additional Holes:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Valve Hole Dia.:	
Type of Add. Hole:		Used Type of Valve:	
No. & Size:	/	Valve Guard Required:	<input type="checkbox"/> No / <input type="checkbox"/> Yes
PCD Add. Holes:		Valve Guard Type:	
Ventilation Holes:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Evenness Flange Area:	at ø
Type of Vent. Hole:		Run Out Lateral:	
No. of Vent. Holes:		Run Out Radial:	
Size of Holes:		Match Point required:	<input type="checkbox"/> No / <input type="checkbox"/> Yes
Notes:			

WHEEL LOADS		
Load per Wheel:		
Load per Wheel:		
Load per Wheel:		
Used Tire & Sizes:		
Notes:		

PAINTING		
Permitted Process:	<input type="checkbox"/> Wet Paint <input type="checkbox"/> Powder Paint	
Paint Color:		Acc. Spec.:
Paint Color:		Acc. Spec.:
Paint Color:		Acc. Spec.:
Required Thickness:		
Notes:		

WHEEL STAMPING	
Requirements:	
Notes:	

ADDITIONAL TECHNICAL QUESTIONS		
1.	Is the constructed space limited by other components?	<input type="checkbox"/> No / <input type="checkbox"/> Yes
	If yes, is the definition of the available space / constructed space attached to this questionnaire?	<input type="checkbox"/> No / <input type="checkbox"/> Yes
2.	Are there any customer requirements (Technical, Quality, Logistic) to be considered?	<input type="checkbox"/> No / <input type="checkbox"/> Yes
	If yes, are the customer requirements attached to this questionnaire:	<input type="checkbox"/> No / <input type="checkbox"/> Yes
3.		

VOLUMES, INCOTERMS, PACKAGING		
Orders Type:	<input type="checkbox"/> Regular Orders <input type="checkbox"/> Spot order	
Estimated Units pa:		Estimated Order Qty:
Delivery Location:		
Packaging Request:		
Notes:		

ADDITIONAL INFORMATION	
Author:	Name / Company / Phone / E-Mail
CU Technical Contact :	Name / Phone / E-Mail