

Fill out the following Table completely and accurately so that we can qualify the vehicle with the proper mount application that will be used to compliment the Rifled Air Conditioning System you will be installing. If a question cannot be answered in detail, use the comment section to describe any additional information you feel relevant to the installation. Please use the line number as a reference.

Bus Body Manufacturer: _____ Build Date: _____

Bus Model: _____ Model Year: _____ Body Length: _____

1. Type of Chassis: _____

2. Chassis Manufacturer: _____

3. Year Chassis Produced: _____

4. Engine Manufacturer: _____

5. Engine Model: _____

6. Engine Size: _____

7. Engine Location: Front _____ / Rear _____

8. Type of RAC System to be Used: (check one)

A: Single Compressor ____ / B: Dual Compressor ____ / C: Add-on to OEM ____ / D: Tie-in to OEM ____

9. Is the Vehicle presently equipped with A/C? _____ / Specifications of A/C:

10. Compressor Preference: (check one) DynEco 20 cid _____ / GM 12.6 cid _____ / Sanden-Seltec 10 cid _____

11. Type of Brakes: (check one) Air _____ / Hydraulic _____

12. Type of Transmission: _____

13. Alternator Information: Manufacturer: _____ / Amps: _____ / Voltage: _____

14. Case Type: (check one) Small _____ / Large _____ / Extra-Large _____

COMMENTS:

RAC's Mount Kit Recommendation: _____ / Price: _____

RAC Notes -- Date: _____ / _____