

Questioner for underfloor-generator- and air compressor-systems

➤ Company data:

Company:	Contact person:
Street / No.	Telephone:
ZIP-Code / City:	e-mail:
Country:	Customer-No.

➤ Vehicle data:

Manufacturer:	Model:	Year of Production:
Tonnage:	to	Vehicle body:
Steering wheel position: <input type="checkbox"/> right <input type="checkbox"/> left		All Wheel Drive: <input type="checkbox"/> yes <input type="checkbox"/> no
Engine Power :	kW	Emission class: €
Engine displacement:	ccm	wheelbase: mm
Tank capacity:	liter	Overhang: mm
Outlet exhaust pipe (Rear)	Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline	
Number of cylinders:	<input type="checkbox"/> Gas (monovalent) <input type="checkbox"/> Gas(bivalent)	
Gearbox: <input type="checkbox"/> Stick <input type="checkbox"/> Automatic	Manufacturer Speed control: <input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/>	gear unit designation (manufacturer):	
VIN – Number :		
Gear ratio auxiliary dirve: i= :	Auxiliary drive designation / code:	
Auxiliary drive position, see drawing (only for trucks +7.5t):		o'clock
Remarks:	Commission:	

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➤ Generator System:

Voltage: <input type="checkbox"/> 230 V <input type="checkbox"/> 400V	Required electric power:	kW
Required IP-Class:	Frequency:	Hz
Country of deployment:	Vehicle purpose:	
Plug distributor box position:		
Remarks:		

➤ Air compressor system:

Propulsion: <input type="checkbox"/> electrical <input type="checkbox"/> mechanical with shaft <input type="checkbox"/>		
Nominal air volume:	l/min	Nominal air pressure: barg
Site of installation: <input type="checkbox"/> in the vehicle <input type="checkbox"/> under the vehicle <input type="checkbox"/>		
Material pressure tank: <input type="checkbox"/> yes <input type="checkbox"/> no	Air Maintenance Unit: <input type="checkbox"/> yes <input type="checkbox"/> no	
Required storage volume:		liter
Required connections:	Purpose:	
Remarks:		

➤ Scope of offer

Number of vehicles:	Installation by Fa. Martin: <input type="checkbox"/> yes <input type="checkbox"/> no
Pick-up service: <input type="checkbox"/> yes <input type="checkbox"/> no	Electrical installation by Fa. Martin: <input type="checkbox"/> yes <input type="checkbox"/> no
Date of inquiry:	Planned date of execution:
Remarks:	