Information Request Form:

Contact Name: ___________________________ Position: ________________

Organization: ________________________________________________

Address: _______________________________________________________

City: __________________ State: _____ Zip: ______

Telephone: __________________ Fax: __________________ E-mail: __________________

Best time to contact: _______ am/pm (Circle one)

Application Questionnaire:

Note: There are various central hydraulic systems available today. WSC will evaluate your system based upon the information supplied below to determine which Plow Balance System best suits your needs.

Please complete at least the questions marked with an asterisk (*).

*1. Pump Mfgr (i.e. Parker, Commercial, etc.): ____________________________

*2. Pump Model No.: __________________

*3. Pump Type (i.e. gear, load sense-piston, etc.): _______________________


*5. Plow Cylinder Type (i.e. single-acting, double-acting, etc.): _________________

*6. Plow Weight (see attached diagram): ________ lbs.

7. Truck Mfgr (i.e. Mack, Sterling, etc.): _____________________________

8. Body Mfgr: __________________________

9. Model Year: ________________

10. Number of trucks in fleet: ______ Are they identical systems? (circle one) YES NO

11. Pump location (i.e. front bumper, under body, etc.): _______________________

12. Main valve Bank Mfgr. (i.e. Rexroth, Parker, etc.): _______________________

13. Main valve Bank Model No.: ________________________________

14. Plow Mfgr.: _______________________ Model No.: ______________________

15. Plow Type (i.e. fixed, swing, etc.) ________________________________

16. Do you have hydraulic hose-making capabilities in your shop? YES NO

17. If answer to #16 is No, is there a hose shop near you? YES NO

18. Provide a copy of hydraulic schematic (if available).

19. Provide photos of system (if available) Send digital files to sales@wojanis.com