

Free Customer Tech Support - Sidewinder Engineering Drive System Gearing Analysis - Project Worksheet

Instructions

Fill out the information on this form as completely as possible. The more details you provide, the more accurately our Tech Department can suggest your ideal gearing choices.

Builder Name _____	
Builder Address _____	
City _____	State _____ Zip _____
Work Phone _____	Project Start Date _____
Home Phone _____	Estimated Finish Date _____
Cell Phone _____	Project Estimated Budget \$ _____
E-Mail Address _____	
Web Forums Actively Visited (1) _____	
Web Forums Actively Visited (2) _____	

Project Type

Quad
 Trike
 Cycle
 Quad/Cycle Combo
 Go-Kart
 Sprint Car

Project Category & Purpose (Check Every Appropriate Box)

<input type="checkbox"/> ProLevel	<input type="checkbox"/> Amateur	<input type="checkbox"/> Competition	<input type="checkbox"/> Play
<input type="checkbox"/> 300 Ft. Drags	<input type="checkbox"/> 1/8 Mile Drags	<input type="checkbox"/> 1/4 Mile Drags	<input type="checkbox"/> Duner
<input type="checkbox"/> Show Quad	<input type="checkbox"/> Sand Rail	<input type="checkbox"/> Show Bike	<input type="checkbox"/> Street Gunner
<input type="checkbox"/> Off-Road/MX	<input type="checkbox"/> Desert Sled	<input type="checkbox"/> Mudder	<input type="checkbox"/> Hillclimber
<input type="checkbox"/> Daily Driver	<input type="checkbox"/> City	<input type="checkbox"/> Long Range Highway	<input type="checkbox"/> Other _____

<input type="checkbox"/> Powerplant (Year/Model/CC) _____
<input type="checkbox"/> Chassis (Year/Model) _____
<input type="checkbox"/> Swingarm Extension _____
<input type="checkbox"/> Tire Types & Sizes _____
<input type="checkbox"/> Pipe Type _____
<input type="checkbox"/> Current Gearing _____
<input type="checkbox"/> Requested Gearing _____
<input type="checkbox"/> Top End Speed Required (mph) _____
<input type="checkbox"/> Rear Suspension Travel _____
<input type="checkbox"/> Other Mods _____
<input type="checkbox"/> Power Delivery Wanted <input type="checkbox"/> More Top End <input type="checkbox"/> More Bottom End

Estimated H.P. _____
Wheelbase _____
Rider's Weight _____
Vehicle Weight _____
Chain Size
<input type="checkbox"/> 420 <input type="checkbox"/> 428 <input type="checkbox"/> 520
<input type="checkbox"/> 525 <input type="checkbox"/> 530 <input type="checkbox"/> 630

For Sidewinder Internal Company Use Only

<input type="checkbox"/> Date Submitted to Engineering _____
<input type="checkbox"/> Agent assigned to this project _____
<input type="checkbox"/> Date analysis completed _____
<input type="checkbox"/> Final Recommendation _____
<input type="checkbox"/> Dept. Manager approval _____
<input type="checkbox"/> Final customer contact date _____

How to Submit Form

You may mail this form to Sidewinder Products, 601 Sidwell Court, St. Charles, Illinois 60174 or scan and E-Mail to: tech@SidewinderSprockets.com or call 630-513-1000 for the current fax # to our Engineering Department.