



Date \_\_\_\_\_

# Application Data Sheet

(for Multiple Disc Brakes with service braking or pressure override brakes only)

**Confidential**  
You incur no obligation by submitting this data and the non-public information provided will be held in confidence by MICO, Inc.

**This data sheet must be completed in its entirety for warranty consideration**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_ Phone \_\_\_\_\_ Country \_\_\_\_\_  
Email \_\_\_\_\_

Are you currently working with a MICO Distributor?  Yes  No If yes, which one and who is the contact?  
\_\_\_\_\_

**Estimated Annual Quantity** \_\_\_\_\_

Is this a military application?  Yes  No If yes, what is the destination country? \_\_\_\_\_

Is this an underground coal mine application?  Yes  No

## SPECIFICATIONS

Type of vehicle or machine \_\_\_\_\_ Name and model number \_\_\_\_\_

Gross vehicle weight \_\_\_\_\_ Empty vehicle weight \_\_\_\_\_

Weight distribution loaded: front \_\_\_\_\_ or % rear \_\_\_\_\_ or %

Weight distribution empty: front \_\_\_\_\_ or % rear \_\_\_\_\_ or %

Wheelbase \_\_\_\_\_ Center of gravity (vertical) \_\_\_\_\_ loaded \_\_\_\_\_ empty \_\_\_\_\_

Rolling radius: front \_\_\_\_\_ rear \_\_\_\_\_

Gearbox manufacturer and model number \_\_\_\_\_ Gearbox ratio \_\_\_\_\_ Total axle ratio \_\_\_\_\_

Number of brakes per machine \_\_\_\_\_ Location of brakes \_\_\_\_\_

Maximum loaded speed (level) \_\_\_\_\_ Maximum grade in favor of load \_\_\_\_\_ %

Rate of deceleration desired: Stop in \_\_\_\_\_ from \_\_\_\_\_ or \_\_\_\_\_

Coefficient of friction between tire and ground (estimated) \_\_\_\_\_ Type of road surface \_\_\_\_\_

Desired lining life number of stops) \_\_\_\_\_

Duty cycle \_\_\_\_\_

Cooling flow available (wet brake option only) \_\_\_\_\_

Minimum release pressure available \_\_\_\_\_

Maximum pressure seen at brakes \_\_\_\_\_

Motor manufacturer and model number \_\_\_\_\_ Maximum torque \_\_\_\_\_

Maximum motor speed \_\_\_\_\_ RPM

Drive through requirement  Yes  No Comments \_\_\_\_\_

Is this application required to conform with recommended practices or standards, if so which ones?  
\_\_\_\_\_

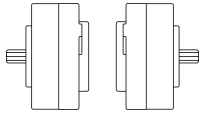
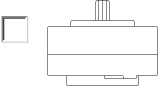
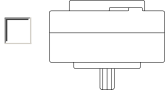
# BRAKE MOUNTING REQUIREMENTS

Brake input side Mounting pilot SAE callout  A  B  C  D  E  M

Brake output side Mounting pilot SAE callout  A  B  C  D  M

Brake input side spline shaft SAE designation \_\_\_\_\_  Internal  External

Brake output side spline shaft SAE designation \_\_\_\_\_  Internal  External

Desired brake orientation:      

Horizontal Shaft                      Vertical Shaft Facing Up                      Vertical Shaft Facing Down

Other desired options

Comments

(Fill in the following only if a pressure override brake is requested)

Maximum available service brake pressure \_\_\_\_\_ fluid type \_\_\_\_\_

Proposals will be made on the basis of the information provided. Subsequent customer engineering changes affecting the above could make our proposal invalid.

**NOTICE**

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