Date: ___ / ___ / 20____ **D. ELGIN CAMS**

INFORMATION REQUIRED TO GRIND A CUSTOM CAMSHAFT

Your name:	Phone(s):					
Your Address:		City		S	tate Zip	
Car Make		Model		Year _	Weight	
Transmission (circle one) Manua		al or Auto SpeedsStall rpm			Axle Ratio	
Engine Type (circle one)	OHV Lifter Type (o	ircle one in each col	lumn)	OHC Follower Type	
Pushrod OHV Flathead	SOHC DOHC		Hydraulic et Mechanical		Bucket Rocker Arm	
Engine Make and Model		# Cy	linders Displac	ement	Bore	
Stroke I	, Make of Con Rods		Rod	Length (c-c)		
Static Compression Ratio Turbocharged? Supercharged? Pounds of Boost						
Valve Diameters: Intake Exhaust Rocker Ratio Lifter Dia						
Valve Spring (circ	cle): Single/l	Dual/Triple Spring Ra	te Installe	ed Ht	Bind Ht	
Present Cam	Тт	otal Duration	Dur.@.050"	Lift	Centerline	
Head Type (if non-stock) Iron or Aluminum Head Modifications:						
		tested, list the flow figu				
	Valve Lift .050"	Intake CFM	Exhaust CFM	<u> Katio: I</u>	Exh to Int %	
Test Pressure	.100"					
" H ₂ O	.150"					
	.200"					
	.250"					
	.300"			\ <u>-</u>		
	.350"			'		
	.400"					
	.450"					
	.500"					
	.550"					
	.600"					
	.650"					
Intake Manifold	Гуре	Carb(s) or l	FI (circle) Size & #	of Carbs		
Fuel: Gas/Diesel/	Methanol, Pu	ımp or Race Octane	Nitrous? Yes	/No Size	of N ₂ O shot	
Headers? Yes/No Type: 4-1 or Tri-Y. Tube ID Length Merge Collector? Yes/No						
Exhaust Manifold Type Mufflers? Yes/No Catalytic Conv? Yes/No Smog Exempt? Yes/No						
Honestly, how will this car be driven?						

Powerband expected (example: 4-6K) ______ Is idle important? Yes/No What else will count?

Mail or fax to: