



3760 YOUNGSTOWN RD. S.E.
WARREN, OHIO 44484
330-369-1707

CONVERTER APPLICATION FORM

Engine Make _____ Engine Size _____

Cylinder Head Brand and Style _____

Bore _____ Stroke _____ Compression Ratio _____

Intake Manifold _____ Carb Size _____ 1 or 2 Injection Brand _____

Gas or Alcohol Nitrous 1st Stage _____ 2nd Stage _____ 3rd Stage _____

Blower Size _____ Pro-Charger _____ Turbo Size _____

Rocker Ratio _____ Cam Intake Lift _____ Exhaust Lift _____

Duration @ .050 Intake _____ Exhaust _____

Shift RPM _____ Max RPM _____ If you have a dyno sheet, please attach it to this form.

Midplate Thickness _____

Type of Transmission _____ 1st Gear Ratio _____ Rear Gear Ratio _____

Tire Size _____ Make of Car _____ Weight with Driver _____

Class _____ 1/8 or 1/4 Mile Other Information _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Home # _____

Email _____

