

Date:

CORNER TRAVEL INDEX

Official Data Collection Form

CornerTravelIndex.com



1. ABOUT YOU:

First Time Submission for this Vehicle? YES NO

If NO, last time vehicle was tested? _____

Do You Have a cornertravelindex.com Owner ID? YES NO

Owner Name: _____

Owner Email: (an online report will be emailed to you) _____

Initial Here:

By Filling Out This Form You Are Agreeing to Hold Harmless, Metalcloak, Armored Works, LLC, it's affiliates, employees, volunteers and contractors from any damage caused by following the Corner Travel Index suspension test procedure. You further acknowledge that you are fully aware of the risks associated with testing your suspension system.

2. ABOUT YOUR RIG:

Make:

Model:

Year:

Builder:

3. ABOUT YOUR SUSPENSION:

Make:

Model:

Lift Height:

Body Lift Height:

Front Shocks Make:

Front Shocks Model:

Front Shock Size:

Bump Stop Size Front:

Rear Shocks Make:

Rear Shocks Model:

Rear Shock Size:

Bump Stop Size Rear:

4. ADDITIONAL INFORMATION: (optional)

Tire Make:

Tire Model:

Tire Size:

Fenders / Flares:

5. YOUR CTI MEASUREMENTS:

Type of CTI? CERTIFIED ESTIMATED

Tire Pressure: _____

FULL: (use all four corners)

_____ + _____ + _____ + _____ = _____ x 10

ESTIMATED: (only measure DRT & PFT)

_____ + _____ = _____ x 10

