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Turbo Application Worksheet

Customer Info:

Name:

Address:

Address 2:

City: State Zip Code

Country:

Email:

Phone:

Please fill out ALL FIELDS to the best of your knowledge. This information is needed to obtain the proper air flow requirements and best matches for your individual engine application and intended usage.

Save the .PDF and then print and fax to (805) 584-1913 or email to info@turboneticsinc.com

Current Date

SF-510 Rev. A 2/8/10 BL

Vehicle Details:

Make

Model

Year

Transmission Type

Application Preference

Is this a dedicated race car?

If a STREET car, is the engine built?

Power Information (All HP figures relative to crank output)

Stock Horsepower @ RPM?

MAX Horsepower desired @ ? RPM

MAX RPM

MAX boost (PSI)

Will system be intercooled?

What is most important?

Intended Use?

Engine Details:

Type (Manufacturer/Design)

Number of Cylinders / rotors

Number of valves

Displacement

Compression Ratio

Fuel to be used

Fuel Delivery

If carbureted, what type

Will this be used at altitude?

If used at altitude, what elevation?

Please provide important modifications, details and any additional application info.