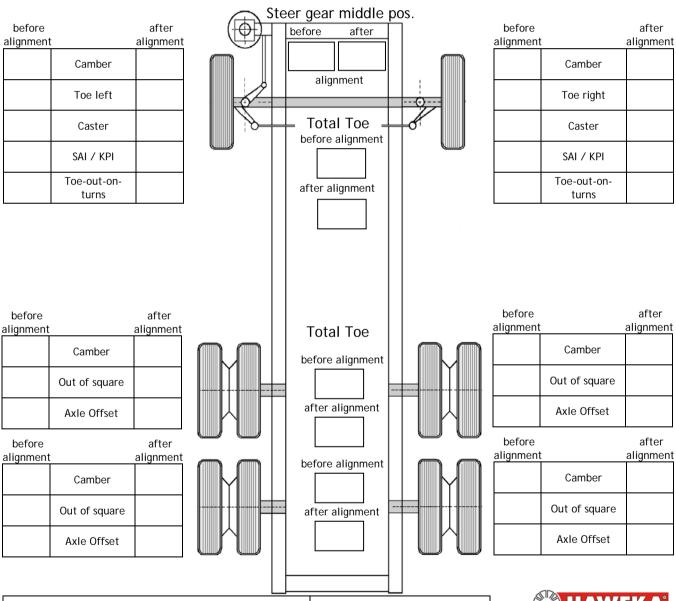
Insert your company name	
Address	
ZIP and town	
Telephone	
Manufacturer:	Model:
chassis number:	Driven km/miles:
Licence plate no.:	Tyre pressure: (psi) left part:
Vehicle owner:	right part:

Measurement report for wheel alignment

Camber, Caster, SAI/KPI, Toe-out-on-turns, Steer gear middle pos., Out of square Single toe, Total Toe, Axle Offset measured data in millimetre [mm]



Mechanic:	Date:	
Notes for Vehicle:		



HAWEKA AG Kokenhorststraße 4 30938 Burgwedel Tel. +49 5139/8996-0 Fax: +49 5139/8996-222 www.haweka.com info@haweka.com

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