



CUSTOM CALIBRATION WORKSHEET

It is the customers responsibility to provide proper information and to test properly to ensure proper operation of the engine/vessel. Failure to test properly will increase chances of failure

NAME (Print) _____ ADDRESS _____
 ADDRESS 2 _____ CITY _____ STATE _____ ZIP _____
 DATE _____ PHONE _____
 EMAIL _____ EMAIL _____

SHIP TO ADDRESS: SAME NEW ADDRESS (fill out below)
 (CIRCLE ONE)

COMPANY _____ ATTENTION _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

SHIPPING DATE _____ **REQUESTED RETURN DATE** _____
Minimum time is 1 business day

ENGINE INFO

Model Year Engine	
Stock Engine Size (CI)	
Outdrive Type	
Mechanical or DTS	

New Cubic Inch	
Octane Using	
Compression Ratio	
Requested RPM Limit	

CHANGES FROM STOCK

List details of specific changes (cam specs, cylinder head type, new cubic inch) along with cal request

<p>-Whipple only- Date Received: _____ Received by: _____</p>
