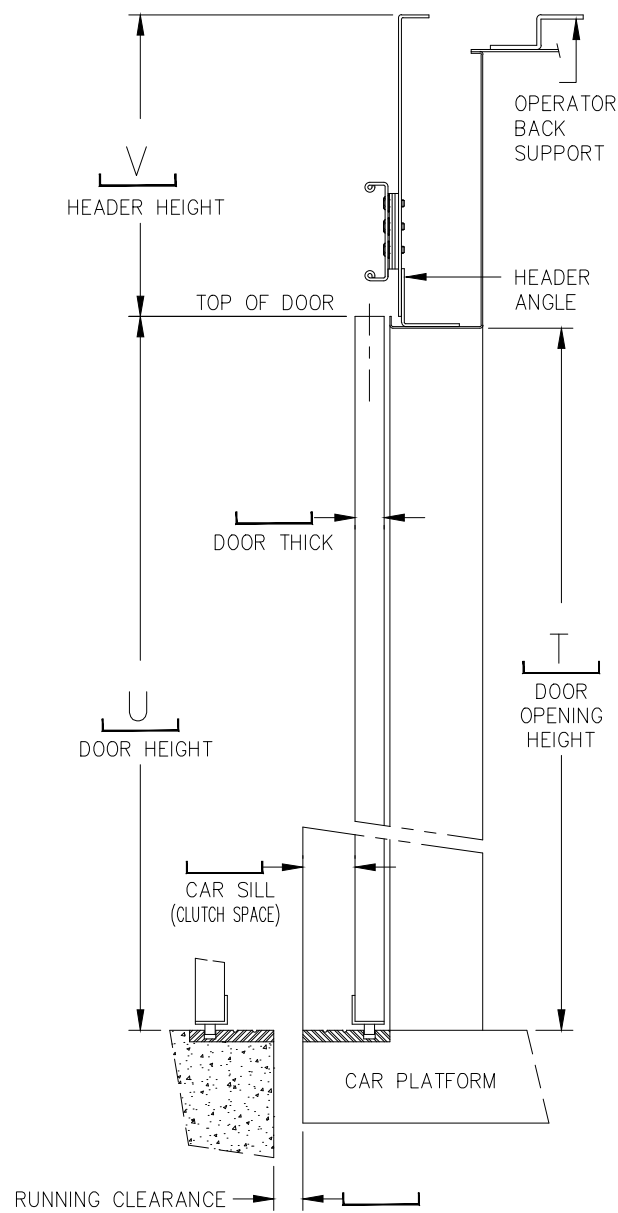
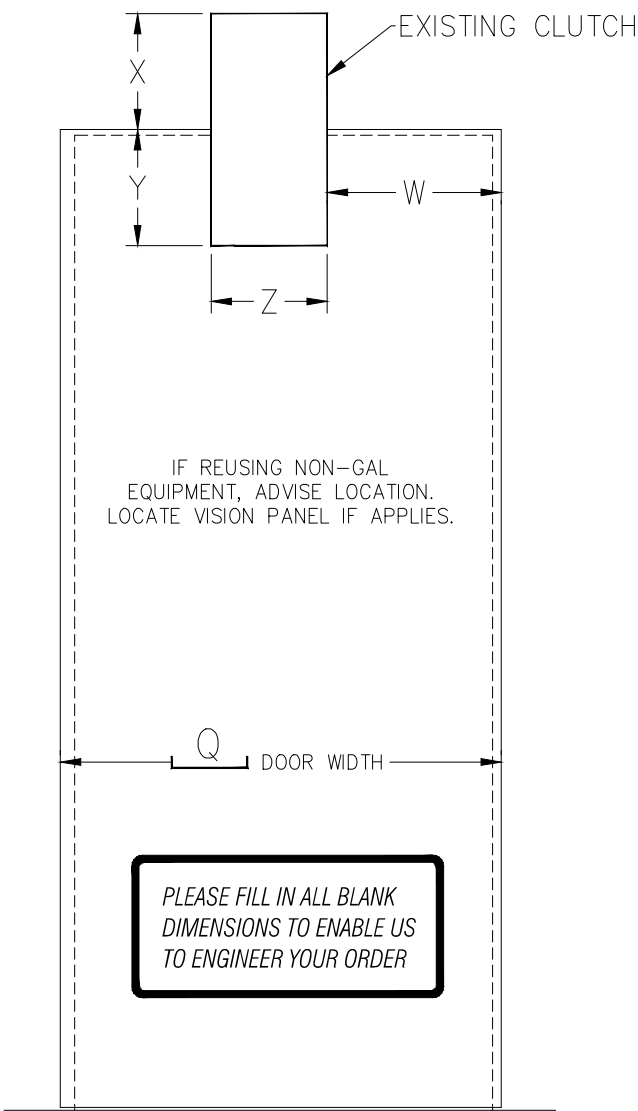


CAR NAME: _____

PLEASE PROVIDE THE FOLLOWING DIMENSIONS:

X= _____ W= _____ V= _____ T= _____

Y= _____ Z= _____ U= _____ Q= _____



PLEASE SPECIFY HAND

(SHOWN)

☐ LEFT ☐ RIGHT



G.A.L. MANUFACTURING CORP.
50 E. 153rd STREET
TEL. 718-292-9000
BRONX, N.Y. 10451
FAX. 718-292-2034

EXISTING CLUTCH SURVEY SINGLE SPEED DOOR

DATE 01-06-2017

DOCUMENT No. 6231

REV
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