



AVIAID CUSTOM OIL SYSTEM ORDER FORM

Contact Name: _____ Company: _____

Phone No. _____ ext. _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Engine make: _____ Cylinders: _____ Displacement: _____ c.i.

Block material: Aluminum Cast Iron

Cylinder head make: _____ Model: _____

Head material: Aluminum Cast Iron Valve Spring Oilers: Yes No

Induction: Normally aspirated Supercharged Turbocharged Nitrous
 Carbureted Fuel injection

Fuel type: Gasoline Methanol Nitromethane Diesel Propane LNG

Engine use: Oval Track Road Racing Drag Racing Marine Other _____

RPM range: Idle _____ Wide Open Throttle _____

Desired Oil Pressure: _____ psi @ Idle _____ psi @ Wide Open Throttle

Type of Oil to be used: Synthetic Petroleum Blend Weight: _____

Type of Pan: fabricated steel fabricated aluminum cast aluminum

Type System: Wet Sump Dry Sump Desired no. of scavenge stages: _____

Number of scavenge stages to pan: _____

Other scavenge points: Valley One head Both heads Other: _____

System Oil Capacity desired: _____ quarts

Dry sump pump drive: cam belt (how pump attached: adapter motor plate)

Atmosphere in crankcase: Sealed Open Vents Vacuum level desired _____



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