



# CAM RECOMMENDATION FORM

CAM RECOMMENDATION FORM

COMP CAMS®  
3406 Democrat Road  
Memphis, TN 38118  
ATTN: Tech Department

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (7-8 CST): \_\_\_\_\_  
Email: \_\_\_\_\_

Tech information is available by mail, fax (901-366-1807), email at camhelp@compcams.com or phone (1-800-999-0853) 7 AM - 8 PM (CST) Monday-Friday. When completed please FAX this form to (901)-366-1807, or mail it to the address at the top of this page.

1. We need this information about your car:

Car Make, Model, and Year: \_\_\_\_\_  
Engine Size: \_\_\_\_\_ How Many Cylinders? \_\_\_\_\_  
Bore and Stroke: \_\_\_\_\_ Compression Ratio: \_\_\_\_\_  
What Type of Connecting Rod? \_\_\_\_\_  
Rocker Arm Ratio: \_\_\_\_\_ Carb Size: \_\_\_\_\_ Intake Manifold: \_\_\_\_\_  
Is this vehicle Computer Controlled?  Yes  No  
Is this vehicle required to meet emission standards?  Yes  No  
Cylinder Heads: Year \_\_\_\_\_ Part # \_\_\_\_\_ Ported:  Yes  No  
Valve Size: Intake \_\_\_\_\_ Exhaust \_\_\_\_\_ What Type Pistons? \_\_\_\_\_  
Transmission Type:  Auto  Manual  
Stall Speed of Torque Converter: \_\_\_\_\_  
Rear Axle Ratio: \_\_\_\_\_ Rear Tire Size: \_\_\_\_\_  
What Kind of Fuel Do You Use? \_\_\_\_\_ Octane Rating: \_\_\_\_\_  
Dual Exhaust: \_\_\_\_\_ Headers: \_\_\_\_\_  
How Much Does This Car Weigh? \_\_\_\_\_  
RPM Range of Engine: From \_\_\_\_\_ To \_\_\_\_\_

2. What type of cam do you want?

Hydraulic Lifter  Hydraulic Roller  Solid Lifter  Solid Roller  Other (specify) \_\_\_\_\_

3. How will this engine be used?

Bracket Race  Drag Race-what class? \_\_\_\_\_  Street and Strip  Performance Street  
 Economy Street  Oval Track-what class? \_\_\_\_\_  Marine  Jet Drive  
 Prop Drive Class: \_\_\_\_\_

4. If computer controlled, what type of computer?

Stock  Stock with chip or programmer  Large injectors  Mass Air Sensor  Speed density sensor

5. What cam are you now using, or were you using?

Stock: \_\_\_\_\_  
Brand: \_\_\_\_\_ Part #: \_\_\_\_\_ Specs: \_\_\_\_\_

6. Considering the present performance of your vehicle, please answer the following questions.

Do you need:  
More low speed torque?  Yes  No  
More rpm?  Yes  No  
Is idling speed important?  Yes  No

7. Is there any other information you feel we should consider for your particular application? \_\_\_\_\_