

SCT CUSTOM TUNING SHEET



Customer name: _____ Date: ___/___/___

Email: _____ Phone ___ - ___ - _____

Vehicle: Year _____ Model _____ Make _____

PCM p/n 560- _____

Engine size _____ Throttle body: Brand _____ Size _____

Cyl heads _____ Intake Manifold _____

Camshaft: Lift _____/_____ Dur @ .050 _____/_____ LSA: _____

Exhaust: headers? _____ Catalytic Converters? _____ Free-flow system? _____

Naturally aspirated? _____ Forced induction? _____ Boost _____ psi

Fuel pressure _____ Fuel injectors _____ lb

Nitrous? _____ HP _____ Wet or dry _____

Transmission: Manual _____ Auto _____ Conv stall _____

Rear gear _____ Tire size _____

Describe the type of programming requested (All tunes must use premium fuel)

1. _____

2. _____

3. (Reserved for NOS etc...) _____

This programming is designed and intended for off-road use only and may not meet federal emission requirements. No warranty is expressed or implied.

Customer Signature _____ Date _____