



REVISIONS				
ZONE	REV	DESCRIPTION	DATE	APPROVED

QTY _____

NOTES: CALL IF DIAGRAM DOES NOT MEET DESIRED DESIGN.

DATE: _____ CUSTOMER: _____ PHONE: _____
 ADDRESS: _____ FAX: _____
 EMAIL: _____

3982 Holt Road
 HOLT, MICHIGAN 48842
 PHONE: 517-694-7449
 FAX: 517-694-7590

TRICK TITANIUM®
 BLANK VALVE GUIDE



Drawn By: _____