



Application #: OFFICE USE ONLY

Customer Information

Name / Title: _____ Company Name: _____
Phone: _____ Address: _____
Email: _____ City / State / Zip: _____

General Application Information

Machine Make: _____ Machine Model: _____
Quantity Required: _____ Machine Layout/Drawing Attached: Yes No
General Application Description:

Duty Cycle Information

Maximum Speed Condition

Maximum Speed: _____
Associated Torque: _____
Duration: _____

Minimum Speed Condition

Minimum Speed: _____
Associated Torque: _____
Duration: _____

Maximum Torque Condition

Maximum Speed: _____
Associated Torque: _____
Duration: _____

Minimum Torque Condition

Minimum Speed: _____
Associated Torque: _____
Duration: _____

Maximum Power Condition

Maximum Power: _____
Associated Torque: _____
Duration: _____

Application Requirements

Desired Coolant Medium(s): _____ Actuation Method: Pneumatic or Hydraulic
Shaft Diameter: _____ Maximum Available Pressure: _____
Shaft Orientation: Vertical or Horizontal Minimum Available Pressure: _____



Special Requirements