

CONTACT INFORMATION

FIRST NAME:

LAST NAME:

DATE:

COMPANY NAME:

EMAIL:

PHONE NUMBER:

PROJECT INFORMATION

PROJECT NAME:

ANNUAL USAGE:

MOTOR INFORMATION

PRESSURE AVAILABLE:

FLOW AVAILABLE:

HYDRAULIC SYSTEM TYPE:

OUTPUT INFORMATION (STATIC CONDITION)

TYPE:

TORQUE REQUIRED:

SPEED REQUIRED:

 RPM

MOUNTING FLANGE DESCRIPTION:

SHAFT ORIENTATION

OUTPUT SHAFT/GEAR DESCRIPTION:

ADDITIONAL OPTIONS

WORK AREA DEFINITION (WAD)

ECCENTRIC RING

COUNTERBALANCE VALVE

OTHER

STATIC BRAKE

DYNAMIC BRAKE (GLIDESWING)

TWG USE ONLY

SUBMITTED BY:

APPROVED BY:

ER NUMBER: