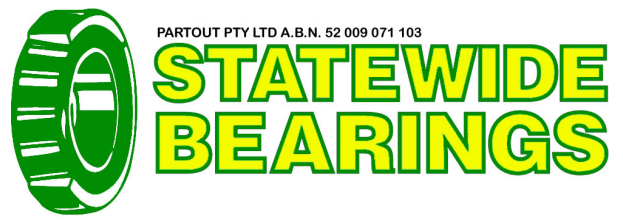


# GEARBOX ENQUIRY FORM



## Section A - Customer Details

Company Name _____	Date _____	Enquiry No. _____
Contact _____	Telephone _____	Facsimile _____

## Section B- Selection Data - Please tick relevant box and complete information in space provided.

\*Application *e.g. conveyor* \_\_\_\_\_

If replacing existing gearbox Brand \_\_\_\_\_ Serial No. \_\_\_\_\_

If existing, why is gearbox being replaced? \_\_\_\_\_

Sumitomo Unit (*if known*)  HSM Helical Shaft Mount  Cyclo  HBB Helical Buddy Box  BBB Bevel Buddy Box  
 Hyponic  Paramax 9000  Other *please specify* \_\_\_\_\_

\* Motor Power  kW \* Motor Speed  RPM \* Motor Shaft Diameter  mm

Absorbed Power (*if known*)  kW \* Final Output Speed  RPM Ratio

Output Torque Required  Nm \* Output Shaft Diameter  mm Ambient Temperature  °C

Service Factor  \* Is Backstop Required?  Yes  No

Hours of Operation Per Day   Continuous  Intermittent Reversing?  Yes  No

Load  Uniform  Moderate  Heavy

Environment  Dusty  Washdown  Humid  Indoors  Outdoors

Sealing  STD  Labyrinth  Other *please specify* \_\_\_\_\_

Motor Connection  Direct  Coupled  Belt Driven  Motor Mount  Guard

Lubrication  Oil  Grease  Other *please specify* \_\_\_\_\_

Type of Mounting  Foot Mount  Flange Mount  Shaft Mount  Base Plate

\* Mandatory information for basic selection.

## Section C - Additional information or sketch of application

## Section D - Enquiry Originator

Company Name _____	Branch _____
Contact _____	Telephone _____ Facsimile _____

**PLEASE FAX COMPLETED FORM TO YOUR NEAREST STATEWIDE BEARINGS BRANCH**

