

SAE PTO Clutch - Application Fact Sheet - METRIC

General Information

Company Name:	Date:	
Contact Name:	Title:	
Address:	Division:	
City, ST, Zip:	Phone:	Ext.:
E-Mail:	Fax:	

Driving Unit: <input type="checkbox"/> Main <input type="checkbox"/> Auxiliary <input type="checkbox"/> Electric Motor <input type="checkbox"/> Transmission <input type="checkbox"/> Combustion Engine <input type="checkbox"/> Hydraulic Motor <input type="checkbox"/> Electric Motor <input type="checkbox"/> Other	Driven Unit: Brand/Model: <input type="checkbox"/> Pump <input type="checkbox"/> Compressor <input type="checkbox"/> Auger <input type="checkbox"/> Via Drive Shaft <input type="checkbox"/> Other
If Combustion Engine: Torsional Coupling Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Torque (Max) _____ Nm
kW Rating: _____	kW Rating _____ @ _____ RPM
Brand/Model: _____	Running Torque (Max) _____ Nm
Max Torque: _____ Nm @ _____ RPM	If Pump: _____ RPM @ _____ Bar

Conditions at Engagement: <input type="checkbox"/> Stationary <input type="checkbox"/> Full Load <input type="checkbox"/> Without Load Max RPM While Engaged: _____ Max RPM While Disengaged: _____ Max RPM at Time of Engagement: _____	Engagement Frequency (Per Hour): _____ Time Engaged: _____ Time Disengaged: _____ Period of Acceleration (Seconds): _____ Ambient Temperature of Operating Environment (°C) _____
Actuation Pressure: _____ bar <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> None: Quote Power Pack Unit <input type="checkbox"/> 24 VDC <input type="checkbox"/> 12 VDC <input type="checkbox"/> 120 VAC	
Conditions During Engagement: Load Type: <input type="checkbox"/> Constant <input type="checkbox"/> Pulsating <input type="checkbox"/> Light Shock <input type="checkbox"/> Heavy Shock	

Clutch/Brake Mounting Requirements:	
Lubrication <input type="checkbox"/> Central System _____ bar and Back Pressure to Tank _____ bar	<input type="checkbox"/> Self-Contained
Case Pressure at Input or Output: <input type="checkbox"/> Yes ____ PSI ____ BAR <input type="checkbox"/> None	
Male (Input) Side Mounting Flange SAE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Two Bolts <input type="checkbox"/> Four Bolts Other: _____	
Female (Output) Side Mounting Flange SAE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Two Bolts <input type="checkbox"/> Four Bolts Other: _____	
Male (Input) Side Shaft Details _____	
Female (Output) Side Shaft Details _____	
Installed: <input type="checkbox"/> Vertically <input type="checkbox"/> Horizontally <input type="checkbox"/> Horizontally with Pitch: _____ ° MAX <input type="checkbox"/> Output Up <input type="checkbox"/> Input Up	

Machine Description / Comments / Additional Details: _____ _____ _____ _____
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Commercial Data:	Type of Proposal:
Project Only <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity Required _____	Current Production <input type="checkbox"/> Yes <input type="checkbox"/> No
Product Line <input type="checkbox"/> Yes <input type="checkbox"/> No Annual Volume _____	Feasibility (layout drawing + target price) <input type="checkbox"/> Yes <input type="checkbox"/> No
Target Price Per Unit <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate price _____	Immediate Need <input type="checkbox"/> Yes <input type="checkbox"/> No