



Coupling Application



Contact Name _____

Company Name _____

Address _____

City / Town _____ State _____ Postcode _____

Phone _____ Fax _____ E-mail _____

Application

New Drive
Replacing an existing Drive

- Brand _____
- Size _____

Preferred Drive

Elastomeric	All Metal	No Backlash
Jaw Type	Gear	No Yes
In Shear	Grid	Spacer Coupling
Torsional	Chain	No Yes
Other _____		State Length _____

Driver

Type (Electric motor, Reciprocating Engine, etc.)

Nominal Power _____ Kw HP

Nominal Speed _____

Shaft Diameter _____ mm Inch

Flange Mount Flange O.D. _____

Hole P.C.D. _____ Hole Size _____

Driven

Type (Conveyor, Pump, etc.)

Shaft Diameter _____ mm Inch

Space Restrictions

Max O.D. Driven _____

Max O.D. Driver _____

Max Width _____

Duty Cycle

Regular Loads	Medium Overloads	Hours Per Day _____	Change Direction
Slight Overloads	Max Overloads	Number of starts Per Day _____	Yes No

Temperature

Min _____ °C

Max _____ °C

Chemicals Present

Oil Water Corrosive Chemicals

Dust Other (please specify) _____

Misalignment

Parallel _____ Axial _____ Angular _____

Other Comments

