Form for gearboxes request

Leave blank the questions which you cannot answer, if you need help
a technical assitant will contact you.

1) Identification :

Company : _____

Name : _____ Country : _____
Phone n° : _____ Date : _____
Fax : _____ e-mail : _____

2) Application :

_____
_____
_____

3) Description :

3.1 **Catalogue product** yes □ Gearbox N° _____ (go to point 4)
no □ (go to point 3.2)

3.2 **Special product**

3.2.1 Is it an existing gearbox? yes □ have you a) a modele □
b) a picture □
c) a drawing □
no □ d) others : _____

3.2.2 Type of gearbox

a) spur gearbox □
b) zero backlash spur gearbox □
c) planetary gearbox □
d) worm gearbox □
e) linear actuator □
f) model Loco □
g) right angle gearbox □
h) others : _____

3.2.3 What is the: a) gearbox torque (Nm) _____
b) ratio _____
c) required space _____
d) motor speed (min^{-1}) _____

4) Interface (motor fixing)

4.1 Do you need an adaptor flange? yes □ no □
Motor type (send us a drawing if possible) _____

4.2 **Motor pinion**

4.2.1 Ø motor output shaft _____ tolerance + _____ - _____

4.2.2 the motor pinion will be : glued □ press fitted □
welded □ others _____
_____

5) Fixing on application

(drawing if possible)

5.1 Output shaft dimensions : _____

5.2 Fixing screw dimentions : _____

6) Quantities (by year ±)

− 10 □ − 10'000 □ remark : _____
− 100 □ − 100'000 □ _____
− 1'000 □ + 100'000 □ _____

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