



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 *Motor speed *Motor shaft diameter

Absorber power *Final output speed *Ratio

Output torque required *Output shaft diameter Ambient temperature

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

Blank space for additional information or sketch of application.

Section D - Enquiry Originator

Company Name: _____ Branch: _____

Contact: _____ Telephone: _____ Facsimile: _____

For all orders and enquiries please contact

powertransmission@bayeng.co.nz
www.bayengineerssupplies.co.nz