

Pump Motor Application Form

Customer Information

Date: _____

Contact: _____

Telephone: _____

Company: _____

Fax: _____

Address: _____

E-mail: _____

SPECIFICATION

Type of Vehicle: _____

Battery Voltage: _____

Motor Type (Please check one):

<u>D.C.</u>		<u>A.C.</u>	
DC Series Wound	<input type="checkbox"/>	AC 3-Phase Asynchronous	<input type="checkbox"/>
DC Separately Excited (Sepex)	<input type="checkbox"/>	A.C. Permanent Magnet (PMAC)	<input type="checkbox"/>
DC Compound Wound	<input type="checkbox"/>		
DC Shunt Wound	<input type="checkbox"/>		
DC Permanent Magnet	<input type="checkbox"/>		

Requirements:

Power _____ hp / Kw at _____ RPM

Torque _____ Nm / Lb-ft at _____ RPM

Encoder Yes* No If "Yes", Type? _____ PPR _____

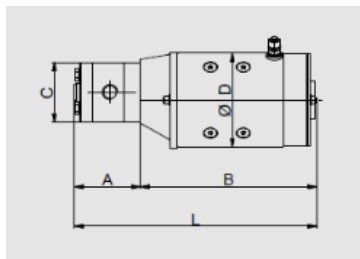
Pump Displacement _____ cm³ / rev

Max Working Pressure _____ psi

Max Oil Flow _____ gpm

Maximum Motor Dimensions:

Length A: _____ mm
 Length B: _____ mm
 Length C: _____ mm
 Diameter D: _____ mm
 Length L: _____ mm



Drive Shaft Single Dual Length _____ in/mm

Shaft Interface Please choose only one of the following
 Spline Define _____

Key Define _____

Other Define _____

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Motor Mounting *Please choose only one of the following*

Feet Define _____

Flange *Please specify flange type from following options:*

- B14
- B5
- SAE
- NEMA
- Special

Characteristics

Weight Loaded _____ Lbs / Kgs

Unloaded _____ Lbs / Kgs

Velocity Loaded _____ MPH / KPH

Unloaded _____ MPH / KPH

Required Gradient Loaded _____ %

Unloaded _____ %

Ambient Temperature _____ in / mm

N° of Terminals _____

Required Enclosure IP _____

Duty Cycle **Required for submission*

Running Time _____ min

Stop Time _____ min

Repeatability _____ Times per Day

Further Info:
