

Application Data Power Transmission Design Requirements

Gear Set/Speed Reducer Application



Delroyd Worm Gear
PO Box 1032
Niagara Falls, NY USA 14302-1032

Tel: 716.298-4100
Fax: 716.298-4101

Please photocopy this page and complete the data below. Forward information to address/number above for prompt action. We will contact you with our recommendations for your application.

- Gear Set Quantity to be purchased _____ Delivery required _____
- Speed Reducer Quantity to be purchased _____ Delivery required _____
1. Prime Mover _____ Driven Load _____
2. Horsepower Transmitted: _____
Motor HP _____ RPM _____ Motor Starting Torque _____
Motor Frame Size _____ Brake Size _____
3. Normal Reducer Input Speed _____
4. Duty: Continuous Intermittent _____ Hours/Day _____ Minutes/Hour _____ Starts/Hour _____ Days/Week
5. AGMA Load Class: Uniform Moderate Shock Heavy Shock
6. Service Factor _____ From Above Data Required by Customer's Spec.
7. Output Torque Load _____
8. Ratio: _____:1 (± _____ %) Decrease Increase
9. Noise Limitations _____
10. Hours Life Expectancy _____ at _____ % of Rated Load
11. Environmental Conditions: Indoors Outdoors
Temperature: High _____ °F Low _____ °F Other _____
12. Specifications to be adhered to:
 AGMA Other MIL STD Bureau Ships OSHA
13. Output Shaft Overhung Load _____ lbs. at _____" from centerline or reducer.
14. Output Shaft Axial Thrust Load _____ lbs.
15. Stationary Mobile "G" Loading _____
16. Lube Oil Available: No Yes If Yes, what kind of oil? _____
Pressure _____ PSI Flow _____ GPM Temp _____ °F Filtered: Yes No
17. Oil Cooler Available: No Yes
18. Envelope Requirements _____
(Include sketch if possible.)
19. Input Shaft: Vertical (Up) Vertical (Down) Horizontal
 Single-Extended Double-Extended
 Other Specials (Describe) _____
20. Output Shaft: Vertical (Up) Vertical (Down) Horizontal
 Single-Extended Double-Extended
 Other Specials (Describe) _____
21. Special Paint Requirements _____
22. Export Boxing Required: Yes No
23. Please attach application sketch
24. Company Name _____ Your Name _____
Address _____
City _____ State _____ Zip _____
Phone No. _____ Fax No. _____