

CONTACT 

Your Project-/Inquiry-No.:

Company: _____
 Person in charge: _____
 Street: _____
 ZIP/Town: _____
 Requested Quantity: _____ pc(s) / year
 Required delivery date: _____

Date: _____
 E-Mail: _____
 Phone: _____
 Fax: _____
 Lot quantity: _____ pc(s)
 Quotation requested until: _____

Description of Application 

• New application Yes No • Replacement Yes No
 • Lubrication Manually Automatically

Position of Rotation Axis

Vertical  Horizontal  Variable 

Axial Load

Supported Axial Load  Suspended Axial Load 

Load Cases 

	Working Load		Test Load	Destroy Load (not in operation)
	Normal	Maximum		
Axial Loading (F_{ax})	_____ kN	_____ kN	_____ kN	_____ kN
Radial Loading (F_{rad})	_____ kN	_____ kN	_____ kN	_____ kN
Turning Torque (M_k)	_____ kNm	_____ kNm	_____ kNm	_____ kNm
Allowed Gear Pressure ($f_{z\,norm}$)	_____ kN	_____ kN	_____ kN	_____ kN
Torque [Slewing Bearing] (M_d)	_____ kNm	_____ kNm	_____ kNm	_____ kNm
Working Load Rate (ED)	_____ %	_____ %	_____ %	_____ %
Rotation Speed [Slewing Bearing] (n)	_____ min ⁻¹	_____ min ⁻¹	_____ min ⁻¹	_____ min ⁻¹

Working Conditions 

Dust, Humidity, Seawater, Chem. Influences, etc. _____
 Operating Temperature _____ °C
 Operating Time per Day _____ h/d
 Operating Days per Year _____ d/Y
 Working Load Rate _____ %
 Number of Rotation or Swivel Operations per Hour _____ 1/h

Material

No Description 46Cr4N/46Cr4V 42CrMo4V Other

Certificate

CRB - Certificate GL DNV Other

Gear Description

Internal External Without
 Width of Gear b (mm) _____ Module m (mm) _____
 Number of Teeth z2 _____ Pressure Angle α (Degree) _____
 Addendum Coefficient x2 _____ Tip Relief Coefficient k2 _____
 Centering Yes No
 Hardened Gear Yes No
 Type of Hardening Flank Root Complete

Small Gear (Pinion)

Module m _____ Number of Teeth z1 _____
 Addendum Coefficient x1 _____ Tip Relief Coefficient k1 _____

Add. Remarks 