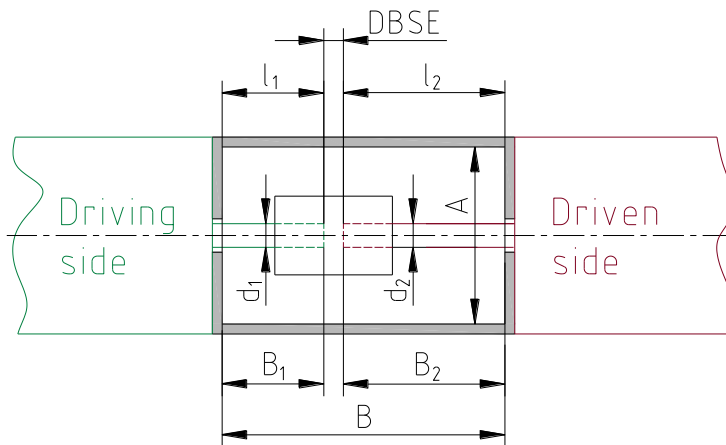




Company: _____
 Address: _____
 Phone: _____ Fax: _____
 Name: _____ Department: _____
 E-mail: _____ Date: _____



Shocks: light shocks average shocks heavy shocks
 Ambient temperature: _____ °C
 Kind of driven side: Gearbox ¹⁾ Shaft encoder Belt drive
 Other: _____ 1) Please advise the transmission ratio. _____

Driving side						
Rated torque on the coupling [Nm]	Max. torque on the coupling [Nm]	Max. speed [rpm]	d ₁ (Specify tolerance) [mm]	l ₁ [mm]	Mass moment of inertia J _A [kgm ²]	DBSE [mm]

Driven side			
d ₂ (Specify tolerance) [mm]	l ₂ [mm]	Max. AxB [mm]	Mass moment of inertia J _L [kgm ²]

Remark:

