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APPLICATION DATA SHEET

Note: Use your TAB key to navigate the form.

Let our technical sales personnel specify the Eskridge product you need. Simply fill out as much information as you know below. Blanks are fine. Any questions, just call us at (913) 782-1238.

Contact Information

Name: _____ E-mail: _____
Company: _____ Phone: _____
Street Address: _____ Fax: _____
City, State, Zip: _____

Type of Equipment

Maximum Output Torque Load _____ Horsepower - Formula below:
(% operation): _____ (Torque (in-lb) x RPM/ 63025): _____
Average Output Torque Load _____
(% operation): _____ Hours Usage Per Day: _____
One-Time Test Load (if required): _____ Estimated Hours Per Year: _____
Output RPM: _____ B₁₀ Bearing Life Required: _____
Other Considerations (Shock
Loads / Reversals / Braking): _____

Type of Application

A. Swing Drive (Pinion Output)

Output Shaft Orientation: Horizontal Up Down
Output Gear Type: Full Depth Fellows AGMA Stub

Number of Teeth: _____ Gear Face Width: _____
Diametral Pitch: _____ Pitch Diameter: _____
Distance, Gear Drive Mount to Center of Load: _____

B. Industrial and Other

Output Shaft Orientation: Horizontal Up Down
Mount Type: Shaft Mount (Torque Arm) Flange Mount (Piloted)

Type of Input

Input Type (PTO, Electric
Motor, Hydraulic Motor): _____ Output Shaft: _____
Model: _____ Operating Pressure: _____
SAE Mounting: _____ Maximum Pressure: _____
Displacement: _____ Hydraulic System Type: _____

Brake Required

Brake Model: YES NO Torque Rating: _____

E-mail or fax completed sheet to Eskridge – Sales@EskridgeInc.com, (913) 782-1238. Contact
Technical Sales at 913-782-1238 with questions.