

Application

socareusa.net

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This pdf form can be filled out digitally and emailed to: sales@socareusa.net

Customer

Company _____
Address _____

City _____
State / Province / Region _____ ZIP / Postal Code _____
Country _____
First Name _____ Last Name _____
Phone _____
Email _____
Date of Inquiry _____

Delivery

Required Quantities _____ Quantities per year _____
Date of 1st delivery _____
Special Delivery Requirements _____

Application

Description of Application _____

Position of axis: Vertical Horizontal Changing
Position of bearing: Supported Suspended
Existing/chosen bearing, Designation _____

Bearing Load

Axial loads F_a (lbs) Parallel to axis of rotation

Normal load amount _____ % of time _____ Maximum load amount _____ % of time _____ Maximum test load _____ Extreme loads (out of operation) _____

Radial loads F_r (lbs) at 90° to axis of rotation

Normal load amount _____ % of time _____ Maximum load amount _____ % of time _____ Maximum test load _____ Extreme loads (out of operation) _____

Resulting moment M_t (Ft lbs)

Normal load amount _____ % of time _____ Maximum load amount _____ % of time _____ Maximum test load _____ Extreme loads (out of operation) _____

Rotational speed (r/min)

Normal load amount _____ % of time _____ Maximum load amount _____ % of time _____ Maximum test load _____ Extreme loads (out of operation) _____

Slewing working angle (deg)

Normal load amount _____ % of time _____ Maximum load amount _____ % of time _____ Maximum test load _____ Extreme loads (out of operation) _____

Tangential force

Tooth force (lbs), Normal _____ Tooth force (lbs), Max _____ No. of Drives _____

Motion

Continuous rotation Slewing motion Intermittent

Dimensional limitations

Outside diameter (inch) _____ Preferred: _____ Min/Max: _____

Inner diameter (inch) _____ Preferred: _____ Min/Max: _____

Bearing height (inch) _____ Preferred: _____ Min/Max: _____

Gear data

Internal Gear External Gear Without Gear Other (HTD, etc.)

Reference dia (inch) _____ Preferred: _____ Min/Max: _____

Tooth Height (inch) _____ Preferred: _____ Min/Max: _____

Module _____ Preferred: _____ Min/Max: _____

Axial Clearance Value

Max _____ Min _____

Sealing Arrangements — Top

Yes — Internal Yes — External No

Sealing Arrangements — Bottom

Yes — Internal Yes — External No

Attachment bolt hole

Through holes Tapped holes Number of bolts

Bolt hole dia (inch) _____ Preferred: _____ Min/Max: _____

Bolt hole pitch circle dia (inch) _____ Preferred: _____ Min/Max: _____

Lubrication of raceway

Grease Manual relubrication Central grease lubrication system Oil bath Central oil lubrication system Other

Lubrication of gear

Manual grease relubrication Central grease lubrication system

Operating temperatures (°F)

Min _____ Max _____

Ambient temperatures (°F)

Min _____ Max _____

Surface Treatment

No (oil only) Yes - Specify below:

Special requirements _____
