

FAX TRANSMITTAL FORM

Non-Standard Pump/Motor Adapter Worksheet

1 Motor Frame Size / Engine Type and Size: _____

Manufacturer / Model #: _____

Shaft OD: _____ **Key:** _____ **Shaft Length:** _____
(distance from mounting surface to end of shaft)

2 Pump Mounting Style: _____

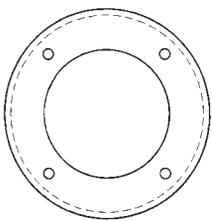
Manufacturer / Model#: _____

3 Shaft OD: _____ **Key:** _____ **Shaft Length:** _____
(distance from mounting surface to end of shaft)

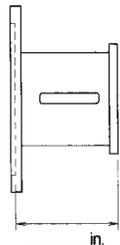
4 COUPLING SET

Manufacturer Model#: _____

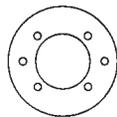
Insert Thickness: _____ **Coupling OD:** _____



TEFC MOTOR
FRAME SIZE: _____



(Face-to-Face length)



SAE PUMP
FLANGE: _____



FROM

FAX: _____

NAME: _____

TELEPHONE: _____

COMPANY: _____

DATE: _____

FAX A COPY OF THIS PAGE WITH COMPLETED INFORMATION FOR A PROMPT QUOTATION.

