

Distributed by:



FLUID MOTOR ADS



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Project Number: _____ Initiation Date: _____ Originator: _____
 Dist /OEM. _____ Location _____
 Dist /OEM Contact Name: _____ Phone: () _____ Fax: () _____
 E-mail Address: _____ Proposal Sent to: Customer Haldex Salesperson
 Current Supplier: _____ Customer Part Number : _____
 Application _____
 Description: _____

Suggested Product Class:	GC <input type="checkbox"/>	WM600 <input type="checkbox"/>	WM900 <input type="checkbox"/>	WM1500 <input type="checkbox"/>	Suggested Displacement
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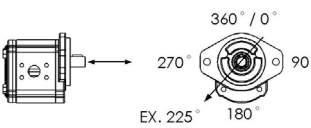
(Final Determination Made By Engineering)

	RPM Required		GPM <input type="checkbox"/> LPM <input type="checkbox"/>		Torque Required		FT LBS. <input type="checkbox"/> Nm <input type="checkbox"/>	
MOTOR OUTPUT	MIN.		@	FLOW	MIN.		@	PSI <input type="checkbox"/> BAR <input type="checkbox"/>
	NOM.		@	FLOW	NOM.		@	PSI <input type="checkbox"/> BAR <input type="checkbox"/>
	MAX.		@	FLOW	MAX.		@	PSI <input type="checkbox"/> BAR <input type="checkbox"/>

Note: Please explain how motor operates. What is motor's function?

OPERATING ENVIRONMENT

Fluid Type	Assumed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Fluid Viscosity	<input type="checkbox"/> CST <input type="checkbox"/> SSU @ _____ <input type="checkbox"/> F° <input type="checkbox"/> C°				
Fluid Cleanliness	ISO / <input type="checkbox"/> Unknown				
How is Motor Controlled (ex. 4-way, Soft start, Emergency Stop in system?):					
Is Motor Run is Series	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes Explain:		
Noise Requirements	db @ _____ ft.		<input type="checkbox"/> No Requirement		
Temperature of Oil	Min. _____	Max. _____	<input type="checkbox"/> F° <input type="checkbox"/> C°		Assumed <input type="checkbox"/> Yes <input type="checkbox"/> No
Envelope Size L x W x H	in. X _____	in. X _____	in. _____	(Include Drawing) <input type="checkbox"/> No Restrictions	

SEALS		
Shaft Seal Requirement	<input type="checkbox"/> Haldex Specified	
Housing Seal	Outlet Pressure	<input type="checkbox"/> PSI <input type="checkbox"/> BAR
Has Customer Verified Fluid Type w/Seals Chosen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ROTATION		
<input type="checkbox"/> CW <input type="checkbox"/> CCW <input type="checkbox"/> Biro w/Case Drain <input type="checkbox"/> Biro w/Checks(This option assumes that case drain in not available)		
If Biro, what is the primary rotation? <input type="checkbox"/> CW <input type="checkbox"/> CCW <input type="checkbox"/> Unknown		
Special Considerations		
MOUNTING		
Motor Mounted	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Unknown	
If Vertical Shaft	<input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Unknown	
Mounting Flange	Dry Mount <input type="checkbox"/> Wet Mount <input type="checkbox"/>	
If Special, describe		
Is mounting hardware required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what?
DRIVE		
Drive Shaft		
If Special, describe		
What is Motor Driving?		
Side and Thrust Loads	Side Load <input type="checkbox"/> lbs. <input type="checkbox"/> N. <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
	Direction of Load ° <input type="checkbox"/> Unknown	
	Thrust Load In <input type="checkbox"/> lbs. <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
	Thrust Load Out <input type="checkbox"/> lbs. <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
PORTING		
<input type="checkbox"/> Haldex to specify based on displacement chosen		
Inlet(Pressure)	<input type="checkbox"/> Side / <input type="checkbox"/> Rear Other	
Outlet(Tank)	<input type="checkbox"/> Side / <input type="checkbox"/> Rear Other	
Case Drain	Other	Location
Case Drain Pressure	<input type="checkbox"/> PSI <input type="checkbox"/> BAR <input type="checkbox"/> Unknown	



If special ports, please specify	
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* Note: Ports must be verified to not exceed fluid velocities. Haldex may offer alternate size ports than requested.

VALVING

Requirement		
Standard Valve Porting	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please specify?
Relief Valve Setting	<input type="checkbox"/> PSI <input type="checkbox"/> BAR @ <input type="checkbox"/> GPM <input type="checkbox"/> LPM <input type="checkbox"/> Cracking <input type="checkbox"/> Full Bypass	
If Check Valve, What Pressure Setting?	<input type="checkbox"/> PSI <input type="checkbox"/> BAR <input type="checkbox"/> Unknown	
Solenoid Voltage		Other
Solenoid Connection		Other

* Please include schematic for any special valve requirements

QUALITY SYSTEM REQUIREMENTS

COMMENTS / CONCERNS BY ADS AUTHOR

HYDRAULIC SCHEMATIC (paste image or fax to RKFD Engineering @ (815) 398-9246)

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