

# Application Fact Sheet

## General Information

Company Name:	Date:
Contact Name:	Title:
Address:	Division:
City, ST, Zip:	Phone: <span style="float: right;">Ext.:</span>
E-Mail:	Fax:
<b>Product Interest:</b> <input type="checkbox"/> 'R' Series <input type="checkbox"/> 'S' Series <input type="checkbox"/> 'P' Series <input type="checkbox"/> 'CH' Series <input type="checkbox"/> HPC <input type="checkbox"/> LVC <input type="checkbox"/> Direct Drive PTO <input type="checkbox"/> Bell Housing PTO	

<b>Driving Unit, Brand / Model:*</b> _____ <input type="checkbox"/> Main Engine <input type="checkbox"/> Auxiliary Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hydraulic Motor <input type="checkbox"/> Combustion Engine <input type="checkbox"/> Other	<b>Driven Unit, Brand / Model:*</b> _____ <input type="checkbox"/> Pump <input type="checkbox"/> Compressor <input type="checkbox"/> Auger <input type="checkbox"/> Other
Power Rating*: _____ <input type="checkbox"/> HP <input type="checkbox"/> kW	Starting Torque (Max) _____ <input type="checkbox"/> lb.-ft. <input type="checkbox"/> Nm @ _____ RPM
Max Torque*: _____ <input type="checkbox"/> lb.-ft. <input type="checkbox"/> Nm @ _____ RPM*	Power Rating* _____ <input type="checkbox"/> HP <input type="checkbox"/> kW @ _____ RPM*
<b>Deductions From Gross Power of Driving Unit:</b> <input type="checkbox"/> Fan _____ <input type="checkbox"/> Pump 1 _____ <input type="checkbox"/> Pump 2 _____ <input type="checkbox"/> Other _____ = Total _____	

<b>Conditions at Engagement:</b> <input type="checkbox"/> Stationary <input type="checkbox"/> Full Load <input type="checkbox"/> Without Load Max RPM While Engaged: Max RPM While Disengaged: Engagement Frequency (per hour):	Ambient Temperature of Operating Environment _____°F _____°C Engine / Gearbox Operating Temperature _____°F _____°C Time Engaged (%): Time Disengaged (%): Period of Acceleration (seconds):
<b>Conditions During Engagement / Load Type :</b> <input type="checkbox"/> Constant <input type="checkbox"/> Pulsating <input type="checkbox"/> Light Shock <input type="checkbox"/> Heavy Shock	
<b>Clutch / Brake Mounting Engagement:</b> <input type="checkbox"/> Shaft Mounted Bore / Key Specification:	<b>Lubrication:</b> <input type="checkbox"/> Oil Bath <input type="checkbox"/> Splash <input type="checkbox"/> Dry Shaft Drilled for Clutch Actuation: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Flange Mounted:*</b> Male (Input) Side Mounting Flange SAE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D    Other _____ Female (Output) Side Mounting Flange SAE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D    Other _____ Male (Input) Side Shaft Details _____ Female (Output) Side Shaft Details _____ Available Pressure* _____ psi <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic	
<b>Direct Engine Flywheel Mounted:*</b> SAE Housing Size* _____    Pilot Bearing O.D. _____ SAE Flywheel Size:* _____    Output Configuration Required: <input type="checkbox"/> Shaft <input type="checkbox"/> SAE Flange Mount Size: _____ Available Pressure* _____ psi <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic	

<b>Machine Description / Comments / Additional Details:</b> _____ _____ _____
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<b>Commercial Data:</b>	
Project Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity Required _____
Product Line <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Volume _____
Target Price Per Unit <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate price _____
<b>Type of Proposal:</b>	
Current Production <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Brand Used: _____
Feasibility (layout drawing + target price) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Need <input type="checkbox"/> Yes <input type="checkbox"/> No	Target Price: _____ \$ U.S.

**Actuation Pressure:** A fixed orifice pressure regulating valve must be specified in the system to prevent over or under-pressurization of any Logan Clutch PTO. The Logan warranty does not cover clutch failure due to over or under-pressurization. The highest pressure values on Logan Sales Drawings are maximum ratings for Logan Clutches.

**Torsional Damping Devices for Logan Products:** Torsional compatibility tests rest solely with the OEM, Distributor, and End user. Logan accepts no liability for premature failure of Logan products due to Torsional Vibration or Vibratory Torque. It is the buyer's responsibility to specify this option, which can result in additional cost and increase in installation length. Logan will not accept any liability for personal injury, loss of life, damage or loss of property due to the failure of the buyer or installer to properly apply or install Logan products.

Logan Clutch Corporation reserves the right to modify product specifications and designs without notice and without incurring obligations. Torque values are based upon either wet disc packs or dry disc packs, with full contact between surfaces, depending upon the product or application. All rotating components present a potentially hazardous condition and should be guarded in accordance with OSHA requirements and other applicable laws, regulations and industrial standards. See Logan Terms and Conditions for more detail.

\*Min. Required Info

**CUSTOMER ACCEPTANCE:**

I agree that the stated specification accurately and fully describes the vehicle or system for which a Logan product is being considered.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Revision Level: \_\_\_\_\_

**SUBMIT**  
 sales@loganclutch.com