

# Front Mount Retrokit - Application Fact Sheet

## General Information

Company Name:	Date:	
Contact Name:	Title:	
Address:	Division:	
City, ST, Zip:	Phone:	Ext.:
E-Mail:	Fax:	

<b>Driving Unit (input side), Brand / Model:*</b> _____	<b>Driven Unit (output side) Brand / Model:*</b> _____
<input type="checkbox"/> Main <input type="checkbox"/> Electric Motor <input type="checkbox"/> Transmission	<input type="checkbox"/> Pump <input type="checkbox"/> Compressor <input type="checkbox"/> Auger
<input type="checkbox"/> Auxiliary <input type="checkbox"/> Combustion Engine <input type="checkbox"/> Hydraulic Motor	<input type="checkbox"/> Via Drive Shaft <input type="checkbox"/> Other _____
<input type="checkbox"/> Electric Motor <input type="checkbox"/> Other	Starting Torque (Max) _____ <input type="checkbox"/> lb.-ft. <input type="checkbox"/> Nm @ _____ RPM
If Combustion Engine: Torsional Coupling Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Power Rating* _____ <input type="checkbox"/> HP <input type="checkbox"/> kW @ _____ RPM*
Power Rating:* _____ <input type="checkbox"/> HP <input type="checkbox"/> kW	Running Torque (Max)* _____ <input type="checkbox"/> lb.-ft. <input type="checkbox"/> Nm @ _____ RPM*
Max Torque:* _____ <input type="checkbox"/> lb.-ft. <input type="checkbox"/> Nm @ _____ RPM*	If Pump: _____ GPM @ _____ PSI

<b>Conditions at Engagement:</b>	Engagement Frequency (Per Hour):
<input type="checkbox"/> Stationary <input type="checkbox"/> Full Load <input type="checkbox"/> Without Load	Time Engaged:
Max RPM While Engaged:	Time Disengaged:
Max RPM While Disengaged:	Period of Acceleration (Seconds):
Max RPM at Time of Engagement:	Ambient Temperature of Operating Environment _____°F _____°C
Actuation Pressure:* _____ PSI _____ Bar <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> None: Quote Power Pack Unit <input type="checkbox"/> 24 VDC <input type="checkbox"/> 12 VDC <input type="checkbox"/> 120 VAC	
<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 Requirements:</b>
Lubrication <input type="checkbox"/> Central System _____ PSI and Back Pressure to Tank _____ PSI <input type="checkbox"/> Self-Contained
Case Pressure at Input or Output: <input type="checkbox"/> Yes _____ PSI _____ BAR <input type="checkbox"/> None
Male (Input) Side Mounting Flange SAE* <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Two Bolts <input type="checkbox"/> Four Bolts Other: _____
Female (Output) Side Mounting Flange SAE* <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> Two Bolts <input type="checkbox"/> Four Bolts Other: _____
Male (Input) Side Shaft Details* _____
Female (Output) Side Shaft Details* _____
Installed: <input type="checkbox"/> Vertically <input type="checkbox"/> Horizontally <input type="checkbox"/> Horizontally with Pitch: _____ ° MAX <input type="checkbox"/> Output Up <input type="checkbox"/> Input Up

<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