

CONTACT INFORMATION

FIRST NAME:

LAST NAME:

DATE:

COMPANY NAME:

EMAIL:

PHONE NUMBER:

PROJECT NAME:

ANNUAL USAGE:

HYDRAULIC SYSTEM

PRESSURE AVAILABLE:

FLOW AVAILABLE:

HYDRAULIC SYSTEM TYPE:

HOIST PERFORMANCE (STATIC CONDITION)

TYPE:

REGULATORY REQUIREMENTS:

LINE PULL REQUIRED:

LINE SPEED REQUIRED:

LAYER:

ROPE DIAMETER:

ROPE CAPACITY:

ROPE TYPE:

ADDITIONAL OPTIONS/SPECIFICATIONS:

2-SPEED MOTOR

SMOOTH DRUM

ROPE HOLD DOWN/PACKER

GROOVED DRUM (SPRIAL)

DRUM ROTATION INDICATOR

GROOVED DRUM (LEBUS)

OTHER

TWG USE ONLY

SUBMITTED BY:

APPROVED BY:

ER NUMBER: