



STOBER

1781 Downing Drive, Maysville, KY 41056, Phone: 606 759-5090, Fax: 606 759-5045, www.stober.com

Geared to a higher standard™

Application Data Request

Please email completed form to service@stober.com

FAX #: _____ Date: _____

Attention: _____ Part #: _____

Cust #: _____ Serial #: _____

Company: _____ Quantity: _____

Address: _____ STOBBER Order #: _____

Phone #: _____ Date of Order: _____

STOBBER Invoice #: _____

In order to properly evaluate for warranty the unit being returned, we require the following information about the application prior to issuing an RGA (Return Goods Authorization).

Mounting Position: _____

Input Power Source: _____

HP _____ RPM _____ Amp Limit _____

Type of Input Drive if AW Input (belt drive, coupling, etc.) _____

Type and Number of Belts: _____ Size of Sheaves: _____

Type of Output Drive (chain, coupling, etc.) _____

Specifications: _____

Type of Driven Equipment: _____

Load Factor: ___ Uniform ___ Non-Uniform ___ Medium Shock ___ Severe Shock

Days per Week of Service: _____ Hours per Day of Service: _____

Starts/Stops per Minute: _____ Ambient Temperature: _____

Specific complaint: _____

Any other application considerations or other problems the drive has experienced: _____