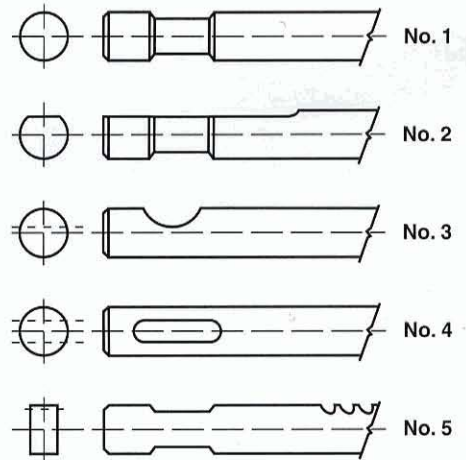




Hassay Savage Company Custom Broaching Request Form

24 HR. FAX
(413) 863-2714

PULL ENDS



Customer Information

Name:		
Title:		
Company Name:		
Street Address:		
Address-line 2:		
City:	State:	Zip:
Telephone:	FAX:	
E-mail:	Country:	

Please Provide This Information:

Pull End No.
Size
End to 1st Tooth
Starting Hole Size
Finish Size
Length of Cut
Material
Remarks

Broaching Information

Size/Shape of Cut:
Length of Cut: Tolerance:
Material to be Broached:
Pre-Broaching Condition of Hole/Surface:
Pilot Hole Size/Shape:
Minimum Hole Size (for cast holes): (include draft/fillet radii, if any)
For Keyway Broaches:
Minimum Bore Size: Keyway Width:
Tolerance:
Depth of Keyway, measured across Bore:
Type of Broaching Machine:
<input type="checkbox"/> Push <input type="checkbox"/> Pull Tonnage: Ram Travel:
Daylight Opening:

Involute Information:

Inv. Std.
No. of Splines
Diametrical Pitch
Pressure Angle
Major Dia.
Minor Dia.
Bet. Wires on Hole
Wire Size
Circular T. Thick
Cord. Tooth Thick
Type of Fit
T.I.F. Dia.
Base Circle Dia.
Fillet Rad.
Remarks
Tonnage of Mach.
Stroke of Mach.
Type of Mach.
Model No. of Mach.