

	Document Title	Document #	Rev. #
	<b>APPLICATION DATA SHEET - PROPULSION</b>	<b>QF-044</b>	<b>1</b>

Please provide as much information as possible to help us provide a quicker response to your inquiry.

<b>1. CONTACT INFORMATION</b>			
Customer Name		Date	
Address		Phone	
		Fax	
		Email	
<b>2. VESSEL</b>			
Vessel Name			
Vessel Type (power, sail, workboat, etc.)			
Vessel Length (ft/m)		Maximum Speed (knots)	
Hull Type	<input type="checkbox"/> Planing <input type="checkbox"/> Displacement <input type="checkbox"/> Sail <input type="checkbox"/> Catamaran <input type="checkbox"/> Other:		
<b>3. ENGINE</b>			
Engine Make		Engine H.P.	Engine Idle RPM
Engine Model No.		No. of Engines	Engine Max RPM
Governor Type	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic		
Signal Type (if Electronic)	<input type="checkbox"/> PWM <input type="checkbox"/> 0-5 Volt <input type="checkbox"/> 4-20 mA <input type="checkbox"/> Other:		
If other, please specify			
All Engines the same	<input type="checkbox"/> Yes <input type="checkbox"/> No   If no, specify:		
Engine Synchronization	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, shaft speed sensors supplied by Kobelt		
<b>4. GEAR BOX</b>			
Gear Box Make		Model	
Gear Box Control	<input type="checkbox"/> Mechanical or <input type="checkbox"/> Electric Solenoid		
Trolling Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, <input type="checkbox"/> Mechanical or <input type="checkbox"/> Electronic		
Signal Type (if Electronic)	<input type="checkbox"/> 4-20 mA <input type="checkbox"/> Other (specify):		
<b>5. PROPELLER</b>			
CPP (Controllable Pitch Propeller)	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, <input type="checkbox"/> Mechanical or <input type="checkbox"/> Electrical control		
If yes, specify type of control signal available			
If yes, identify lever type	<input type="checkbox"/> Split Levers or <input type="checkbox"/> Combined		
If combined, is automatic pitch trim required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6. THRUSTER</b>			
Bow Thruster	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, <input type="checkbox"/> On/Off or <input type="checkbox"/> Proportional		
Signal Type – (proportional)	<input type="checkbox"/> PWM <input type="checkbox"/> 0-5 Volt <input type="checkbox"/> 4-20 mA <input type="checkbox"/> Other:		
Stern Thruster	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, <input type="checkbox"/> On/Off or <input type="checkbox"/> Proportional		
Signal Type – (proportional)	<input type="checkbox"/> PWM <input type="checkbox"/> 0-5 Volt <input type="checkbox"/> 4-20 mA <input type="checkbox"/> Other:		
Dynamic Positioning (DP)	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, thruster feedback sensors are required (speed, direction)		
<b>7. CONTROL STATION CONFIGURATION</b>			
Number of Control Stations and Control Head choices if known (If no choice provided, we will recommend best suited heads based on application described)			
Station / Location e.g.: 1. Wheelhouse	Control Head Model e.g.: 6555-B	Panel Type (if applicable) e.g.: 6510-S6	
1.			
2.			
3.			
4.			
5.			
6.			
<b>8. CLASSIFICATION</b>			
Classification Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify type	<input type="checkbox"/> LRS <input type="checkbox"/> ABS <input type="checkbox"/> BV <input type="checkbox"/> RINA <input type="checkbox"/> DNV/GL <input type="checkbox"/> Other:		
Shipyard Name		Hull Number	
Class Project Ref #		Class Vessel ID #:	

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