

	Document Title	Document #	Rev. #
	APPLICATION DATA SHEET – THRUSTERS & STABILIZERS	QF-046	1

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

1. CONTACT INFORMATION				
Customer Name		Date		
Address		Phone		
		Fax		
		Email		
2. VESSEL				
Vessel Name				
Vessel Type (power, sail, workboat, etc.)		Hull Material		
Vessel Length (ft/m)		Beam (ft/m)	Draft (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:			
3. ENGINE				
Engine Make		Model		
Engine H.P.		No. of Engines		
Transmission Make		Model		
PTO size		kW Rating		
4. GENERATOR				
Generator Make		Model		
PTO size		kW Rating		
5. THRUSTER				
Bow Thruster	<input type="checkbox"/> Yes <input type="checkbox"/> No		H.P. Required	
No. of Control Stations			<input type="checkbox"/> On/Off or <input type="checkbox"/> Proportional	
Diameter required				
Stern Thruster	<input type="checkbox"/> Yes <input type="checkbox"/> No		H.P. Required	
No. of Control Stations			<input type="checkbox"/> On/Off or <input type="checkbox"/> Proportional	
Diameter required				
Dynamic Positioning (DP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, thruster feedback sensors are required (speed, direction)	
Specify thruster feedback requirements				
6. STABILIZER				
Waterline Length		Displacement	Metacentric Height	
Cruising Speed		Slowest Speed where Stabilization is Required		
Fin Size Used Previously				
7. CLASSIFICATION				
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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