

# McKissick® Custom Swivels

Customer Name:		Date:
Address:	City:	State, Zip:
Phone:	Fax:	E-Mail:
Customer Contact Name:		Quantity:

## SWIVEL

- Angular Contact Bearing
- Tapered Roller Bearing

## SWIVEL STYLE

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Jaw & Hook | <input type="checkbox"/> Eye & Jaw  | <input type="checkbox"/> Bullet Jaw & Jaw (ACBS only) |
| <input type="checkbox"/> Jaw & Jaw  | <input type="checkbox"/> Eye & Eye  | <input type="checkbox"/>                              |
| <input type="checkbox"/> Jaw & Eye  | <input type="checkbox"/> Eye & Hook |   |

## APPLICATION INFORMATION

WLL required: \_\_\_\_\_ Hook Size: \_\_\_\_\_

## FREQUENCY OF USE:

Continuous: \_\_\_\_\_ Intermittent: \_\_\_\_\_ One Time: \_\_\_\_\_

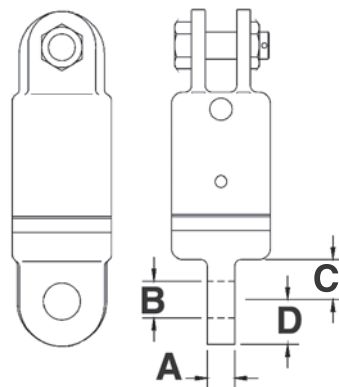
## SPECIAL REQUIREMENTS

Special Testing: \_\_\_\_\_

Finish: \_\_\_\_\_

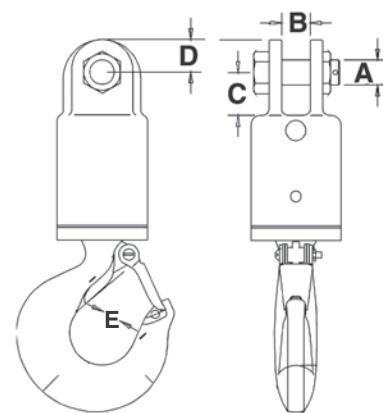
## Third Party Inspection / Approval:

(If 3rd Party Inspection or Approval is required, please refer to page 466.)



Dimensions for Eye

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_



Dimensions for Jaw

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_ throat opening