



Internal Custom Rotary Broach Data

FAX to: (239) 628-4801 for your QUOTE

Part No. _____

Part Material: _____

Depth of Hole: _____

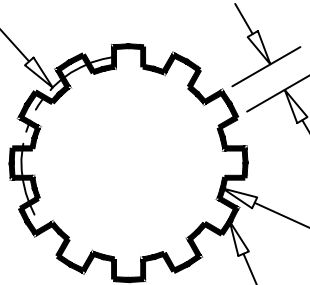
Number of Teeth: _____

Other: _____

Spline Example:

*Please fill out the blanks which apply to your form.

Pitch Diameter: _____



Tooth Width: _____

Minor Diameter: _____

Serration Example:

Outer Angle: _____



Inner Angle: _____

Major Diameter: _____
(at sharp corners)

Minor Diameter: _____
(at sharp corners)

Maximum Radius: _____

Your name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

email: _____