

BEARING WORK SHEET



Part Number _____

Country of Manufacture _____

Name of Manufacturer _____

Address of Manufacturer _____

1. Type

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Ball | <input type="checkbox"/> Plain Shaft | <input type="checkbox"/> Cylindrical Roller | <input type="checkbox"/> Combination Ball/Roller |
| <input type="checkbox"/> Slide Bearing | <input type="checkbox"/> Needle | <input type="checkbox"/> Spherical Roller | <input type="checkbox"/> Combination Roller/Roller |
| <input type="checkbox"/> Thrust Bearing | <input type="checkbox"/> Angular | <input type="checkbox"/> Tapered Roller | |

2. Ball Bearing

- | | |
|--|--|
| <input type="checkbox"/> Radial Ball: Outside Diameter _____ mm | <input type="checkbox"/> Thrust Bearing with Balls: Ball Diameter _____ mm |
| <input type="checkbox"/> Linear Ball: Outside Diameter _____ mm | <input type="checkbox"/> Angular Bearing |
| Single Row _ Multiple Rows _____ | <input type="checkbox"/> w/ Wheel Hub |
| <input type="checkbox"/> Integral Shaft: Outside Diameter _____ mm | <input type="checkbox"/> w/ Flange Wheel Hub |

3. Roller Bearing

- | |
|---|
| <input type="checkbox"/> Cylindrical Roller: Length _____ mm, Roller Diameter _____ mm |
| <input type="checkbox"/> Tapered Roller: Outside Diameter _____ mm |
| Cup & Cone Shipped: <input type="checkbox"/> Together <input type="checkbox"/> Separately |
| <input type="checkbox"/> Spherical Roller: Outside Diameter _____ mm |
| <input type="checkbox"/> Single Roller <input type="checkbox"/> Double Roller <input type="checkbox"/> Plain Roller |
| <input type="checkbox"/> Needle Bearing: Length _____ mm, Diameter _____ mm of rolling element |

4. Combination Bearing

- | | |
|--|--|
| <input type="checkbox"/> Ball/Spherical Roller | <input type="checkbox"/> Other (Specify Particular Element) _____ |
| <input type="checkbox"/> Ball/Cylindrical Roller | Specify the Length and Outside Diameter for both types of bearings: |
| <input type="checkbox"/> Ball/Needle | Length _____ mm Bearing _____ mm Diameter _____ mm Bearing _____ mm |
| <input type="checkbox"/> Needle/Cylindrical Roller | |

5. Plain Shaft Bearing

- | | | | |
|---------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Housed | <input type="checkbox"/> Not Housed | <input type="checkbox"/> Spherical | <input type="checkbox"/> Not Spherical |
|---------------------------------|-------------------------------------|------------------------------------|--|

6. Is Bearing Housed?

- | | | | | |
|---------------------------------------|----------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Type: <input type="checkbox"/> Flange | <input type="checkbox"/> Take Up | <input type="checkbox"/> Cartridge | <input type="checkbox"/> Hangar Unit | <input type="checkbox"/> Other: Specify _____ |

7. Bearing Parts?

- | |
|--|
| <input type="checkbox"/> Type of bearing part is of _____ |
| <input type="checkbox"/> Parts: <input type="checkbox"/> Cup <input type="checkbox"/> Tapered Roller |
| <input type="checkbox"/> Ring <input type="checkbox"/> Cage <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Balls IE. Used for: <input type="checkbox"/> Ball Bearing <input type="checkbox"/> CV Joint |
| <input type="checkbox"/> Needles IE. Length _____ mm, Diameter _____ mm rolling element |

8. Is Bearing Unground?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

9. Case # _____ (if known)

Reimbursement Statement (one of the following two boxes must be checked)

I hereby certify that I have not entered into any agreement or understanding for the payment or for the refunding to me, by the manufacturer, producer, grower, seller or exporter of all or any part of the special antidumping duties assessed on the importation of these bearings.

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Signature: _____ Date: _____

* If reimbursement is received, please state the amount received from each seller: _____

Please check here if you will be importing this specific bearing on a regular basis and would like this sheet put on file.