



## ACTUATOR APPLICATION DATA FORM

### CUSTOMER DETAILS

NAME:	CONTACT:
ADDRESS:	PHONE:
DATE:	FAX:

### Application requirements

Quantity required \_\_\_\_\_

Stroke (mm) \_\_\_\_\_

load (N) \_\_\_\_\_

Static \_\_\_\_\_

Tension

Compression

Dynamic \_\_\_\_\_

Tension

Compression

Linear speed (mm/min): \_\_\_\_\_

Duty cycle profile: (eg: extend, dwell 1min, retract, dwell 1 min, 20 cycles per hr, 16hrs per day, 300 days per year)

Running Synchronized

Running Parallel

Running Independently

### Electrical

Motor Voltage  12V  24V  240V  Other \_\_\_\_\_

Limit Switches  Fixed  Encoder  Potentiometer  Adj \_\_\_\_\_

Controller Required  Yes  No

Controller Voltage  12V  24V  240V  Other \_\_\_\_\_

**IP Rating Required** \_\_\_\_\_

Drawing attached & Application Details Yes  No

Other Comments: