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APPLICATION QUESTIONNAIRE

CUSTOMER: _____

Date: _____

Company Name: _____

Contact Name: _____

Company Address: _____

City: _____ State/Zip: _____

Phone: _____ FAX: _____

E-Mail: _____

Brief Description of Application: _____

Max thrust force Ft (lbf)*: _____ Max. travel (inches): _____

Max. speed (FPM): _____ Max. load weight (lbs): _____

Number of cycles/hours: _____ Hours of operation/day: _____

Load dimensions (inches): Width X: _____ Depth X: _____ Height: _____

Is load guided? Yes No Are shocks present? Yes No

Load motion: Horizontal Vertical Angled Degrees: _____

Controlled acceleration/deceleration? Yes No

What surface is the load moving on? _____

Describe environment: _____

Can chain be guided? Yes No Fully? Partially?

Can chain be supported? Yes No Fully? Partially?

***Ft = Ff + Fa + Fe (Friction forces + Acceleration forces + External forces)**

Front of Chain Attachment: Bolted to Load: Loose:

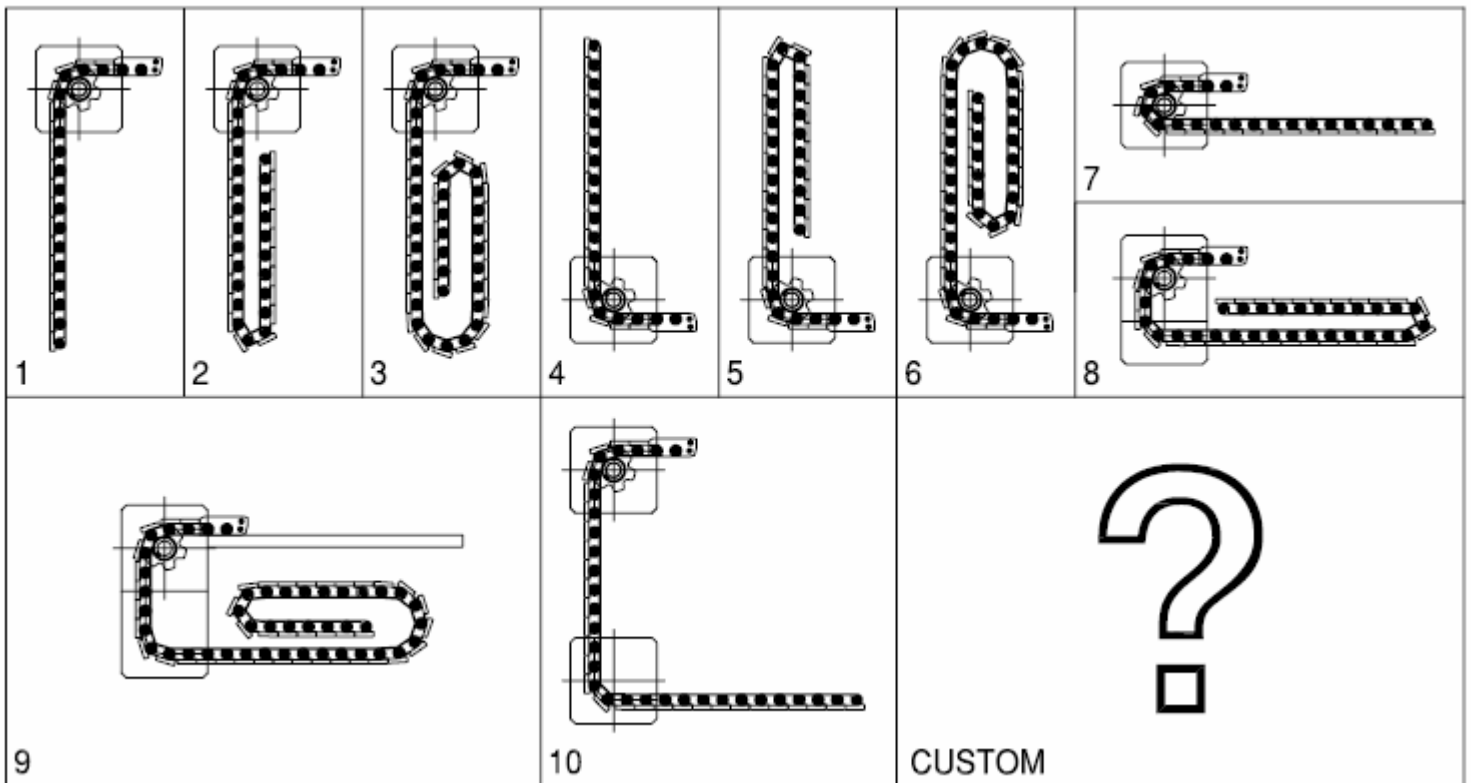
Positioning Accuracy Required: _____ Number of Positions: _____

Positioning Method: Shaft mounted cam switch Limit/Prox. Switches Encoder

Power Supply: Electric AC Electric DC Pneumatic Hydraulic

Voltage: _____ Control Package required? Yes No

Chain Return Preferred: _____



Please make a sketch of your application below: