

AC SPECIFICATION SHEET

Date: _____

Company: _____ Contact: _____
 Address: _____ Part or Drawing Number: _____
 Phone #: _____ Fax #: _____ Estimated Annual Usage: _____
 E-mail: _____

Application:

- a. Customer Application _____
- b. What mechanism is the motor driving in the application? _____
- c. (New Existing) If existing, who is current supplier? _____ Is unit available for test? Yes No
- d. Are there any problems or concerns with the existing supplier's motor? _____

Performance Requirements:

- a. Rated Voltage _____ b. Voltage Range _____ c. Frequency Hz: 50 , 60 , or 50/ 60
- d. Output Torque Est. by **Select one** e. Start Torque **Select one** f. Run Torque **Select one**
- g. RPM at No Load _____ h. RPM at Load _____ i. Will gearmotor be stalled? Yes / No

Environment:

- a. Ambient Temp. _____ b. Humidity Level _____ c. Other _____
- d. Full Enclosure _____ e. Degree of Ventilation _____ f. Corrosives _____
- g. Anything else we should know about the location of our motor in the application? _____

Duty Cycle/ Life: (< 25 25% 50% 75% Continuous Other): Define Other _____

- a. Standard Duty Cycle _____ **ON** **Select one** _____ **OFF** **Select one**
- b. Most Demanding _____ **ON** **Select one** _____ **OFF** **Select one**
- c. Minimum Life Required _____ (in cycles) _____ (in hours) **Note: both required**
- d. For Reversing Applications, what is minimum time off between reversals? _____

Braking Requirements: Is a brake required? (Yes No)

- a. Allowable overrun in degrees _____ b. Will brake hold a load? Yes No c. If so, how much? _____ in-lbs

Overhung Load? (Yes No) How Much? _____ lbs. Distance from mounting surface _____

Axial Thrust Load: (Yes No) How Much? _____ lbs. Push In Pull Out Both

Output Shaft Requirements:

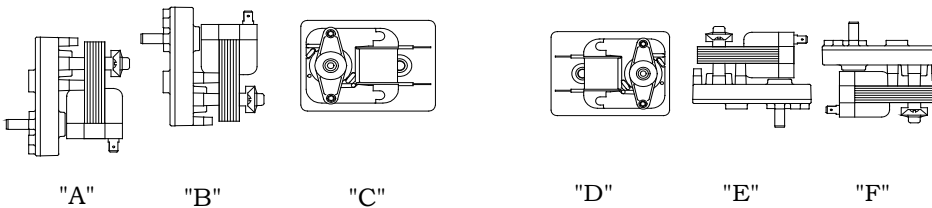
- a. Shaft OD _____ b. Direction of rotation (CW CCW) Viewed from Cover Side Motor side
- c. Shaft Detail Flat Tongue Woodruff Key Hole Keyway Slot
- d. Extension from mounting surface Cover Side _____ Motor Side _____

Agency Requirements: UL CSA CE Other If other, please list _____

Sound/ Vibration Requirements: _____ Method of Test _____

Gear Box Selection: Do you require a particular Merkle- Korff Style gearbox or may we select? _____

Mounting Position: Indicate orientation in your application as shown below: Select one



Additional Notes: _____
