Date: _____

Company: _____ **Contact:** _____

Address: _____ **Part or Drawing Number:** _____

_____ **Estimated annual Usage:** _____

Phone #: _____ **Fax #:** _____ **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. Output torque est. by ___**Select one**___ **d.** Start Torque _____ **Select one** **e.** Run Torque _____ **Select one**

f. RPM at No Load _____ **g.** RPM at Load _____ **h.** Will gearmotor be stalled? Yes ☐ No ☐

Environment:

a. Ambient Temp. _____ **b.** Humidity Level _____ **c.** Altitude _____

d. Full Enclosure _____ **e.** Degree of Protection IP _____ **f.** Corrosives _____

g. Anything else we should know about the location of our motor within 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? _____

Power Supply/Drive:

a. Rated Voltage _____ **b.** Maximum Current Limit _____ **c.** Is the supply filtered? Yes ☐ No ☐

d. Drive Type ___**Select one**___ Frequency _____ kHz

Overhung Load?: Yes ☐ No ☐ How Much? _____ lbs. Distance from mounting surface _____

Axial Thrust Load: Yes ☐ No ☐ How Much? _____ lbs. **Select one**

Output Shaft Requirements:

a. Shaft OD _____ **b.** Direction of rotation **Select one** Viewed from: **Select one**

c. Shaft detail Flat ☐ Tongue ☐ Woodruff Key ☐ Hole ☐ Keyway ☐ Slot ☐

d. Extension from mounting surface Cover Side _____ Motor Side _____

Feedback Requirements: Yes ☐ No ☐

Encoder Hall Effect ☐ Optical ☐ Channels 1 ☐ 2 ☐ Line Driver ☐ Index Pulse _____ PPR_____

Agency Requirements/ Marking: UL ☐ CSA ☐ RoHS ☐ 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? _____

EMI/ RFI Considerations: Emissions Type**Select one**

a. EMC Directive/ Harmonized Standards Applied _____ **b.** Type of motor enclosure Select one

Braking Requirements: Yes ☐ No ☐ Type:**Select one** Holding Torque: _____**Select one** Time to stop: _____

Mounting Position: Indicate orientation in your application as shown below _____

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