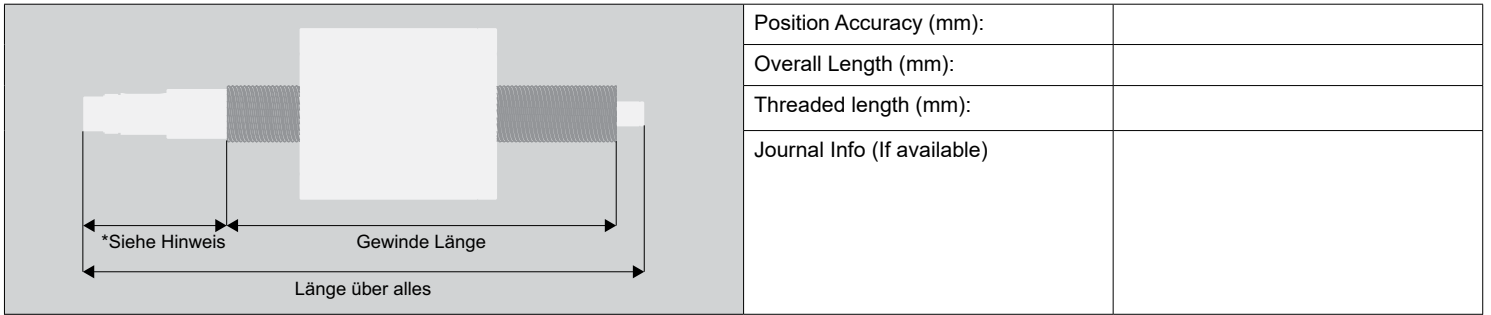


APPLICATION ANALYSIS Spiracon Roller Screw

Company Name: _____	Your Project Ref: _____
Contact Name: _____	Date: _____
Address: _____	
City/Town: _____	
County/State: _____	Email: _____
Postcode/ZIP: _____	Telephone: _____
Country: _____	Fax Number: _____

Model Number: _____	Number of Roller Screws: _____		
Working Load: _____	per Roller Screw: _____	Tension	Compression
Static Load: _____	per Roller Screw: _____	Tension	Compression
Load Guidance: _____	Side Loads on Screw: _____	Side Load off Centre Distance (mm): _____	
Stroke (mm): _____	Linear Speed (mm/min): _____	Life Expectancy: _____	



*Note: Customer to define at time of ordering

Orientation:

	Horizontal		Vertical		Angle

Duty Cycle Profile:

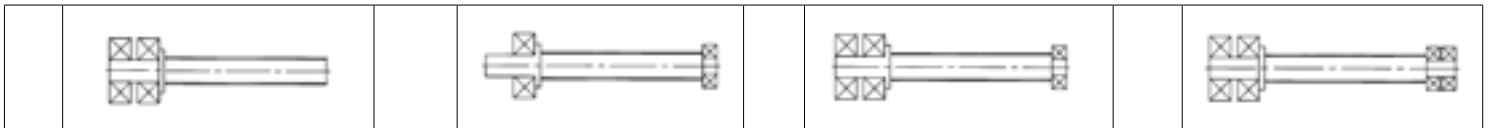
(e.g. extend, dwell 1 minute, retract, dwell 1 minute, 20 cycles/hour, 16 hours/day, 300 days/year)

Operating Environment:

Ambient Temperature Range (°C): _____ To: _____

	Indoor		Outdoor		Outdoor Roofed		Dry		Tropic
	Wash Down		Seashore		Offshore		Subsea		Vibration
Other: _____									

Mounting Options:



Roller Nut Mounting Detail: _____

Notes: (Supply sketch of system arrangement on separate page including bevel gearbox centres)

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