

FAX TRANSMITTAL - BRAKES, CLUTCHES, & SOLENOIDS



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Date: _____

Time: _____

FROM

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Website: _____

SPECIALTY CLUTCHES AND BRAKES

1. Type of device: Clutch Brake Brake/Clutch Other _____
2. Torque: Express in: oz-in n-m
3. Voltage: _____
4. Power Dissipation _____ Watts
5. Electrical Connection: Terminals Wire leads
6. Mounting Style: Describe _____
7. Ambient Temperature: _____ °F _____ °C
8. Model Size: 4 6 8 10 12 26 28 30 32 34 OTHER _____
9. Special Requirements: _____
10. Environmental Requirements: _____

SOLENOIDS

1. Please describe your application: _____
2. What size best fits your space limitations? _____
3. Estimate amount of **FORCE**: _____ lbs.
4. Working **STROKE**? _____ inches
5. **DUTY CYCLE**: _____ 100% _____ 50% _____ 25% _____ 10%
Estimate "on" time _____ and "off" time _____
6. What is your application **AMBIENT TEMPERATURE**? _____ F or C.
7. Type mounting preferred:
Please describe: _____
8. Type of connection to the **PLUNGER** intended: _____
9. Is **RETURN SPRING** required? yes or no: _____ Force
10. **OPERATING VOLTAGE**: _____ DC
11. **MAXIMUM CURRENT** _____ amps or **MAXIMUM POWER** _____ watts
12. Special Requirements: _____
13. Normal life cycle requirement? _____
14. Estimated quantities? _____ Prototype _____ Production
15. New application or revision of an existing application? _____ New _____ Existing
16. Contact Information: _____ Day _____ Time

ADDITIONAL INFORMATION:

4 6 8

| 10 12 26 28 30 32 34 OTHER _____