

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: