Application Data Form

Mail or Fax to:

Warner Linear
Application Engineering
6593 Revlon Dr. Plant #1,
Belvidere, Il 61008

FAX: 815-389-6678
Phone: 800-825-9050

Date _____

Company _____

Address _____

City _____ State _____ Zip _____

Name _____

Title _____ Phone (____) _____

Basic Application

Load: _____ lbs.

Side Load: _____ lbs.

Speed: _____ Inches per second

Duty Cycle: _____ % of running time vs. still time

Stroke: _____ Inches

Life: _____ Inches

Mounting & Load Direction:

☐ Vertical ☐ Horizontal ☐ Other

Space Constraints: _____ in. x _____ in.

End of stroke requirements:

☐ Torque-limiter clutch ☐ Limit Switches

Backdriving Allowed: ☐ Yes ☐ No

Environment: ☐ Indoor ☐ Outdoor ☐ Corrosives
☐ Oil splash ☐ Clean ☐ Damp

Power available: _____ vac _____ vdc

Quantity: _____

Time On: _____ sec. Time Off: _____ sec.

Full Load Speed: Min _____ in./sec. Max. _____ in./sec.

Operating Temperature Range: High _____ °F, Low _____ °F

Controls

Customer Supplied Controls: ☐ Yes ☐ No

Stand alone: ☐ Yes ☐ No

Position Feedback: ☐ Digital ☐ Analog

Non-standard Stroke Length: ☐ Yes ☐ No

Special End Mount: ☐ Yes ☐ No

Special Connector: ☐ Yes ☐ No

Drawing of Application