LINEAR SYSTEMS APPLICATION DATA FORM

NAME: **EMAIL:**

COMPANY:

ADDRESS:

CITY: **STATE:**   **ZIP:**

PHONE:

AXIS NAME: **QUANTITY:**

Orientation: Horizontal   Vertical   Angle to Horizontal

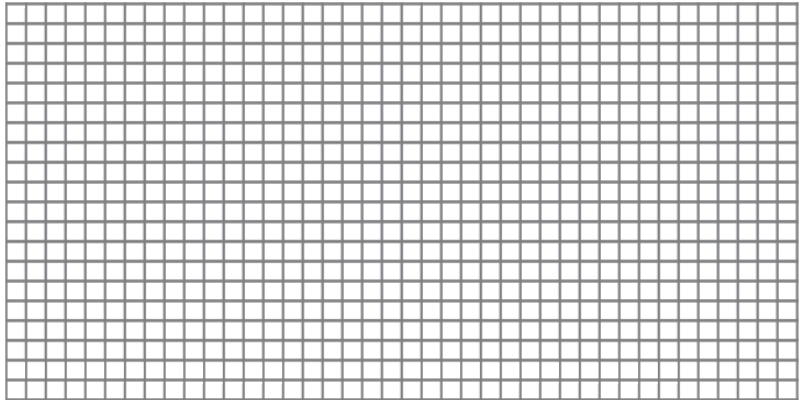**APPLICATION TYPE:**

TYPICAL MOVE: **APPLICATION DIAGRAM:**

Distance: units:

Move time: units

Dwell time: units

OR:

Max speed: units

Max acceleration: units

Max travel: units

MOVE PROFILE:

Velocity

0 _____ Time

Position

Home _____ Time
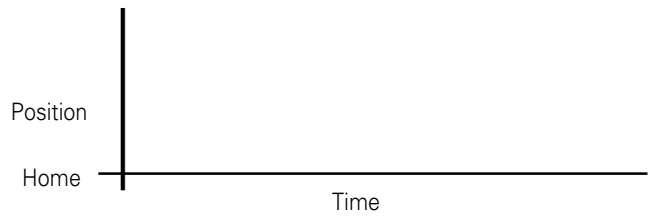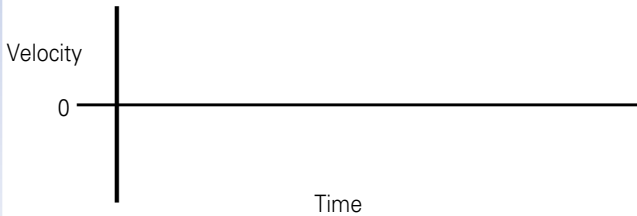
OPERATION:

How many hours per day?

Move repeatability: units: Move accuracy: units

LOAD:

Moving weight mass   units

Does above weight include motor mounting weight?   Yes   No

Opposing Force during move forward   units   (Force during accel/decel?   Yes   No)

Opposing Force during move return   units   (Force during accel/decel?   Yes   No)

AMBIENT:

Max operating ambient temperature   units   Minimum operating ambient temperature   units

Will it work under vacuum   Yes   No   (if yes vacuum level   units   )

Is this a clean room environment?   Yes   No   (If yes Class   )

POWER AVAILABLE

VAC   VDC

MOTOR PREFERENCE

AC   DC   Servo   Stepper   Other