

Company Name & Address:

Contact Name

Position

Customer Reference.....

Telephone

Fax.....

E-mail.....

1. Application Information (Please supply a sketch/ CAD or photo of the application)

New Cover Replacement Cover

Description of equipment to be covered:

Cover Orientation (Please note Vertical and Cross-rail applications require returns to hold the unit to the slideway:

Horizontal Vertical Cross Rail

2. Operation Information

Temperature Range: Min. _____ Max. _____ °C °F

Maximum Travel Speed (Please indicate units of measure): _____

3. Environmental Information (Tick where necessary):

Heat Exposure: Weld Splatter Hot Chips/ Swarf

Abrasion Exposure: Metal Chips/ Swarf Wood Chips/ Shavings Light Particles/ Dust

Other _____

Contaminant Exposure: Minimal Occasional Heavy

Miscellaneous: UV Outdoors Food Grade/ FDA Laser Beam Clean Room

Other _____

4. Extended Length/ Travel

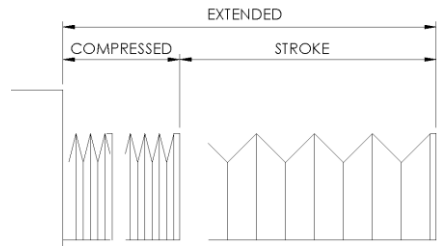
Specify the extended and compressed values. Alternatively specify the travel required and retracted length can be advised. (Extended length = compressed length + travel).

Dimensions: in mm

A Extended Length = _____

B Compressed Length = _____

C Travel = _____

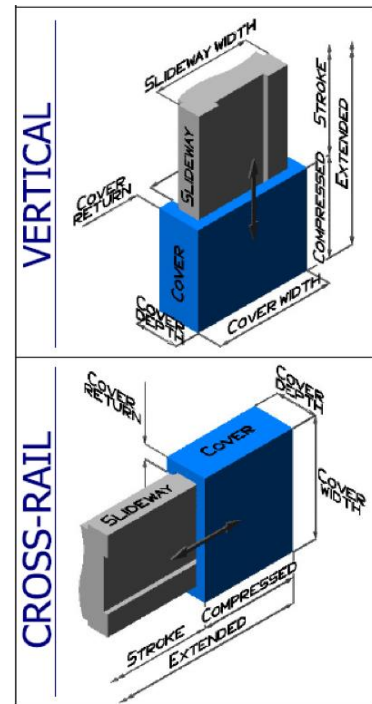
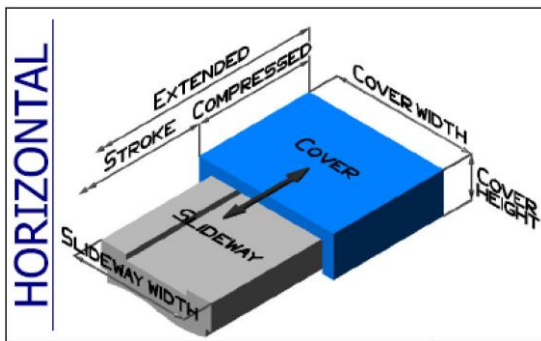


5. Way Dimensions

Dimensions: in mm

Slideway Width/ Reference: _____

Slideway Depth: _____



6. Profile Dimensions

Dimensions: in mm

Top Profile:

1 2 3 4 5

A = _____

B = _____

C = _____

D = _____

Left Leg:

1 2 3

E-L = _____

F-L = _____

G-L = _____

H-L = _____

I-L = _____

J-L = _____

K-L = _____

Right Leg:

1 2 3

E-R = _____

F-R = _____

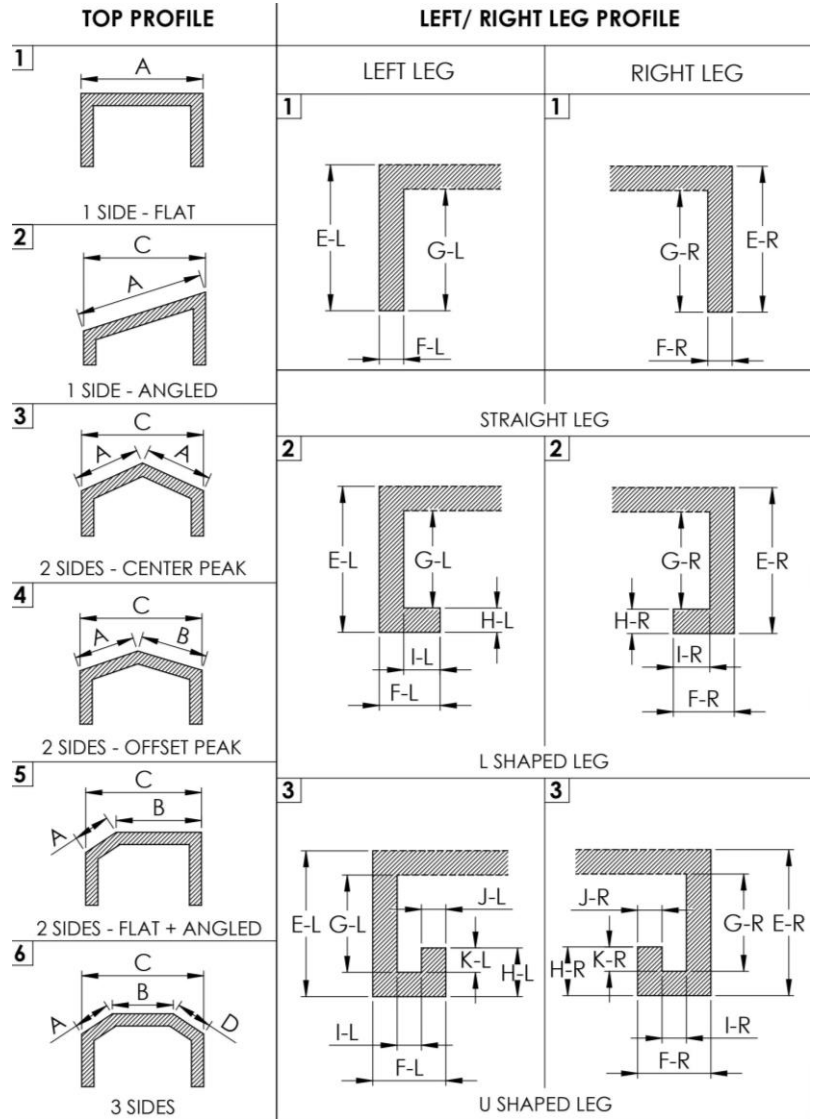
G-R = _____

H-R = _____

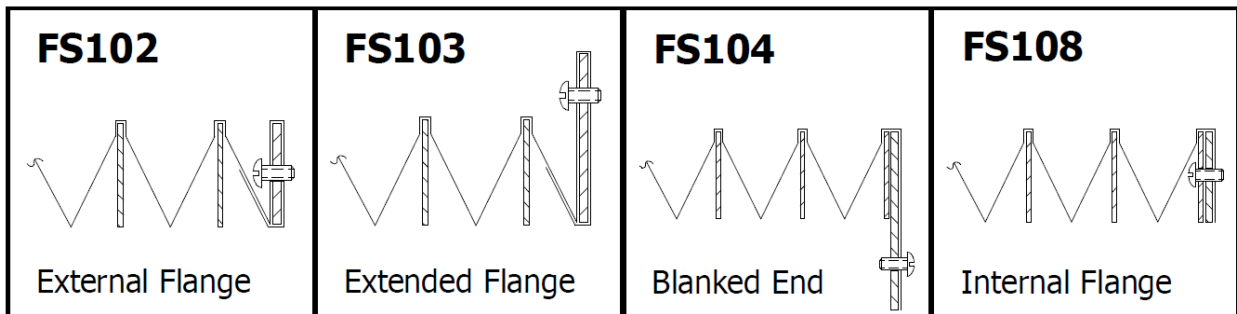
I-R = _____

J-R = _____

K-R = _____



7. End Fixings



Left Hand: FS102 FS103 FS104 FS108 Extended Flange Height: _____

Right Hand: FS102 FS103 FS104 FS108 Extended Flange Height: _____

8. Further Requirements (please state)