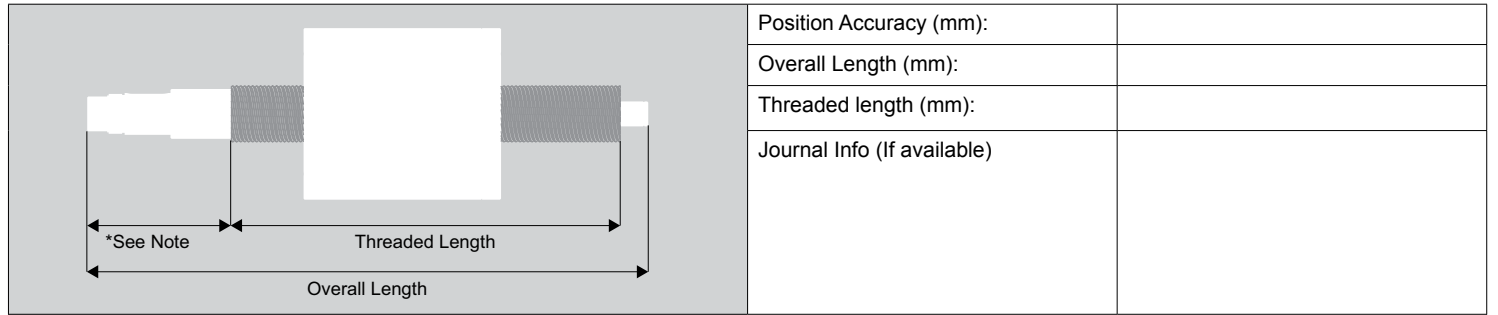


# APPLICATION ANALYSIS Spiracon Roller Screw

Company Name: _____	Your Project Ref: _____
Contact Name: _____	Date: _____
Address: _____	
City/Town: _____	
County/State: _____	Email: _____
Postcode/ZIP: _____	Telephone: _____
Country: _____	Fax Number: _____

Model Number: _____	Number of Roller Screws: _____		
Working Load: _____	per Roller Screw: _____	Tension	Compression
Static Load: _____	per Roller Screw: _____	Tension	Compression
Load Guidance: _____	Side Loads on Screw: _____	Side Load off Centre Distance (mm): _____	
Stroke (mm): _____	Linear Speed (mm/min): _____	Life Expectancy: _____	



\*Note: Customer to define at time of ordering

**Orientation:**

	Horizontal		Vertical		Angle

**Duty Cycle Profile:**

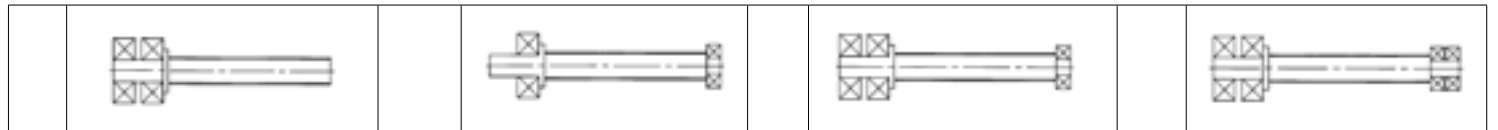
(e.g. extend, dwell 1 minute, retract, dwell 1 minute, 20 cycles/hour, 16 hours/day, 300 days/year)

**Operating Environment:**

Ambient Temperature Range (°C): \_\_\_\_\_ To: \_\_\_\_\_

	Indoor		Outdoor		Outdoor Roofed		Dry		Tropic
	Wash Down		Seashore		Offshore		Subsea		Vibration
									Other: _____

**Mounting Options:**



Roller Nut Mounting Detail: \_\_\_\_\_

Notes: (Supply sketch of system arrangement on separate page including bevel gearbox centres)

<b>SUBMIT</b>	<b>PRINT</b>
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