Application Data Form

Mail or Fax to:

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Date _____

Company _____

Address _____

City _____ County _____ Postcode _____

Name _____

Title _____ Phone (____) _____

Email _____ FAX (____) _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Application Description

Type of braking required: (eg: Holding, Dynamic Stopping, Emergency Stopping, Tensioning):

_____

Service Brake: (Between motor and gearbox):_____

Motor Rating: _____

Safety Braking Required? _____

Brake Torque: _____

Comments

_____

Drawing of Application