

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
