

Application Data Sheet

Sent to: _____

Page 1 of _____

Contact Information:

Date: _____

Company Name: _____ Contact: _____

Title & Department: _____ Telephone: _____ Ext: _____

Fax Number: _____ Email: _____

Address: _____

Distributor/Rep: _____

Industry/Market Served: _____ SIC: _____

Project Information: (Attach Sketch)

Date Needed By: _____

Application Information / Product or Machine Description

Target Price: _____

Special Design Criteria: _____

Desired Life (Distance, Cycles, Hours/Day, Days/Year: _____

Environment (Factory, Shop, Food Grade, Clean Room): _____ Temperature: _____

Project Name: _____ Volume/Qty: _____

BishopWisecarver to Select or Interested in (Check and Circle the Below)

- | | | | | |
|--------------------|-------------------------------------|--|--|-------------------------------------|
| Components: | <input type="checkbox"/> MinVee™ | <input type="checkbox"/> DualVee® | <input type="checkbox"/> GV3 | <input type="checkbox"/> HDS |
| Guided Assemblies: | <input type="checkbox"/> Utilitrak® | <input type="checkbox"/> Undriven LoPro® | <input type="checkbox"/> Simple Select | <input type="checkbox"/> SL2 |
| Linear Actuated: | <input type="checkbox"/> QuickTrak® | <input type="checkbox"/> PDU2 | <input type="checkbox"/> PSD120 | <input type="checkbox"/> LoPro® |
| | <input type="checkbox"/> DLS | <input type="checkbox"/> HDLS | <input type="checkbox"/> HDCS | |
| Type of Unit: | <input type="checkbox"/> Belt | <input type="checkbox"/> Chain | <input type="checkbox"/> Lead Screw | <input type="checkbox"/> Ball Screw |
| Rotary or Other: | <input type="checkbox"/> PRT | <input type="checkbox"/> DTS | <input type="checkbox"/> MCS | <input type="checkbox"/> Other |

Specific Application Details:

Maximum Load: _____ (lb= Pounds of Mass)

Orientation of Load: _____ (Horizontal, Vertical, Inverted Gantry, Other)

Maximum Speed: _____ (ft/sec = Feet/Second, m/sec = Meters/Second)

Maximum Acceleration: _____ (ft/sec² = Feet/Second², m/sec² = Meters/Second²)

Stroke/Travel Length: _____ (Inch, Meter)

Complete Cycle Time: _____ (seconds, minutes, hours)

Dwell Time: _____ (seconds, minutes, hours)

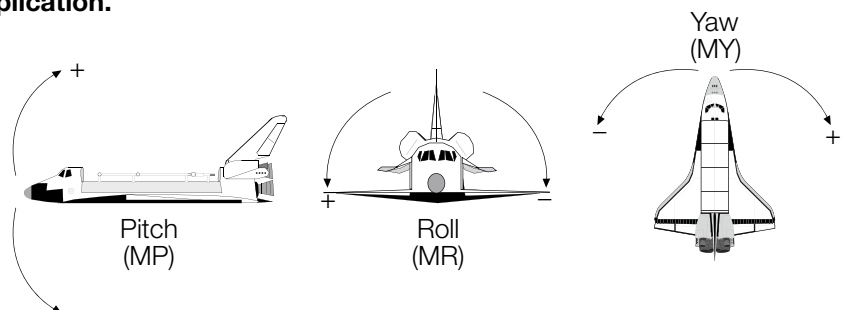
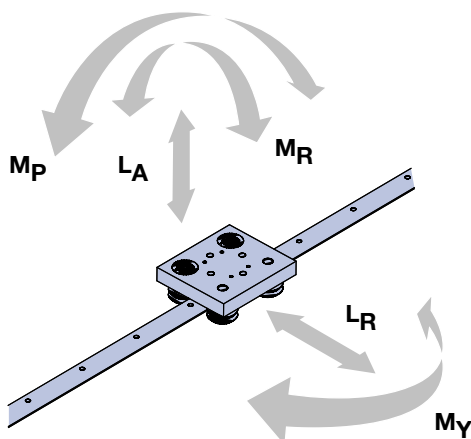
Motion Profile: _____ (Trapezoidal, Triangular or Other)

Accuracy Needed: _____ (+ or - X in/in, in/ft, mm/mm, mm/M)

Repeatability: _____ (+ or - blank inches, mm)

Additional Information: _____

Please remember to attach a sketch of your application.



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