

Albright International Ltd, Technical Applications Form

<u>CUSTOMER DETAILS:</u>		Date:
Customer:		Contact Name:
Address:		Telephone:
		Facsimile:

MAIN CONTACTS

Current: Nominal	<input type="text"/>	Minimum	<input type="text"/>	Maximum	<input type="text"/>
Voltage: Nominal	<input type="text"/>	Minimum	<input type="text"/>	Maximum	<input type="text"/>
Contacts Closing on Load (Y/N):	<input type="text"/>	Contacts Opening on Load (Y/N):	<input type="text"/>		

TYPE OF LOAD (Tick the Appropriate Boxes)

Resistive : <input type="checkbox"/>	Inductive : <input type="checkbox"/>	Capacitive : <input type="checkbox"/>
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CONTACTOR CONFIGURATION (Tick the Appropriate Boxes)

Single Pole : <input type="checkbox"/>	Double Pole : <input type="checkbox"/>	Change Over : <input type="checkbox"/>
Normally Open : <input type="checkbox"/>	Normally Closed : <input type="checkbox"/>	Motor Reverse : <input type="checkbox"/>

State Contactor Type Number (If Known):

COIL RATING

Voltage: Nominal	<input type="text"/>	Minimum	<input type="text"/>	Maximum	<input type="text"/>
Operation: Continuous	<input type="text"/>	Intermittent	<input type="text"/>	Prolonged	<input type="text"/>
Frequency of Switching:	<input type="text"/>				
Duty Cycle:	<input type="text"/>				

ADDITIONAL FEATURES (Tick the Appropriate Boxes)

Auxiliary Contacts : <input type="checkbox"/>	Coil Termination : <input type="checkbox"/>	Coil Finish : <input type="checkbox"/>
Magnetic Blowouts : <input type="checkbox"/>	Coil Suppression : <input type="checkbox"/>	Brackets (Y/N) : <input type="checkbox"/>

If Brackets are Required, Please Specify Type :

Mounting Attitude :	Horizontal <input type="checkbox"/>	Vertical <input type="checkbox"/>	Other <input type="checkbox"/>
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SPECIFY APPLICATION TYPE: ie Electric Vehicle, Static, Telecommunications etc.

NOTES