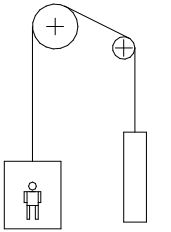
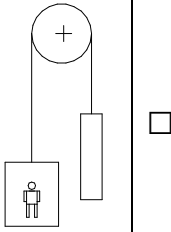
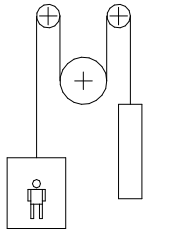


Company name:		Contact:	
Project name:		Project number:	
Project address:		Required delivery date: (Day/Month/Year)	/ / <input type="checkbox"/> Approximate date <input type="checkbox"/> Exact date
Delivery address:			

Lift Specifications

Car speed: _____ [m/s]	Roping: <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1
Duty load: _____ [Kg]	Number of diverters: _____
Cabin weight: _____ [Kg]	Diverter type: _____
Counterweight weight: _____ [Kg]	Diverter diameter: _____ Ø [mm]
Rope weight: _____ [Kg]	Motor location: <input type="checkbox"/> Top <input type="checkbox"/> Bottom
Out of balance load: _____ [Kg]	Travel: _____ [m]

Existing Motor Specifications

<p>1. Gear</p> <p>Ratio: _____</p> <p>Sheave diameter: _____ Ø [mm]</p> <p>Traction sheave position when viewed from motor side: <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>Number of ropes: _____</p> <p>Rope diameter: _____ Ø [mm]</p> <p>Sheave to rope diameter ratio: _____</p> <p>Brake voltage: _____ [VDC]</p> <p>Static load: _____ [Kg]</p> <p>Maximum out of balance load: _____ [Kg]</p> <p>Sync. Traction sheave speed: _____ [m/s]</p> <p>2. Motor</p> <p>Power: _____ [kW]</p> <p>Current: _____ [A]</p> <p>RPM: _____</p> <p>Voltage: _____ [VAC]</p> <p>Type: <input type="checkbox"/> Two-speed <input type="checkbox"/> VVVF</p> <p>Starts per hour: _____</p>	<p>3. Accessories Required</p> <p>Sheave protection: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Single phase fan: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Encoder: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pulses per revolution: _____</p> <p>Voltage: _____ [V]</p> <p>Emergency lowering: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bed plate: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Oil: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Gear configuration:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;"> <input type="checkbox"/>  </div> </div> <p>Other: <input type="checkbox"/></p>
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When completed please fax to: 01937 572 299

For assistance filling out this form please contact us at:
Phone: 08706 093 570 FAX: 01937 572 299 E-mail: info@talinor.co.uk