

ET Application Fax Form



Fax completed form to (330) 334-3335 or email to actuatorsales@parker.com

Contact Information:

Name _____ Phone _____
 Company _____ email _____
 City, State, Zip _____

Application Sketch

NOTES:

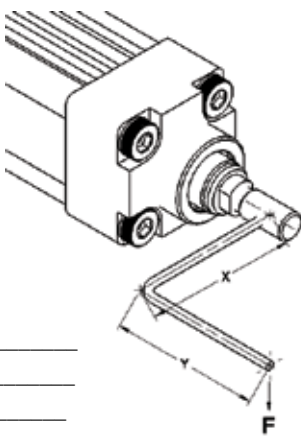
Please include the critical dimensions in your sketch.

In order to achieve the best solution, it is important that you provide as much information as possible.

Motion Profile

Moves	Distance (Stroke)	Time	Thrust or Load	Dwell
First Motion				
Second Motion				
Third Motion				
Fourth Motion				

Max. Rod Side Load



- a. X distance _____
- b. Y distance _____
- c. Force _____

Application Requirements:

1. Overall Stroke (add 25mm per end minimum) _____
2. Cylinder Orientation (check one)
 - Horizontal
 - Angle: Degrees _____ Shaft Up Shaft Down
 - Vertical: Shaft Up Shaft Down
3. Load/Tooling Weight _____
4. Repeatability Requirements _____
 - Unidirectional Bidirectional
5. Is the load externally guided? (check one)
 - Yes No
 - If yes, how? _____
6. Life Requirements (cycles, distance or years)
 - Hours per day _____ Days per year _____
7. Type of Screw
 - Acme Ball Screw
8. Special Considerations _____

Environmental Requirements

1. Operating Temperature
 - Max _____ Min _____
2. Contamination (check one)
 - Particle Liquid
 - Type: _____
3. Special Considerations _____

Please attach another sheet if more room is needed.

Cylinder Requirements

1. Rod End (check one)

 Metric Male (std)

 Metric Female

 Metric Clevis

 Spherical Rod Eye

 Linear Rod Guide

 Imperial Male

 Other _____

2. Mounting Style (check one) — * = Parallel Motor Mount only

 Bottom Tap (std)

 Foot Mount*

 Trunnion

 Front Flange

 Rear Flange*

 Foot Side Lug

 Rear Eye*

 Rear Clevis*

 Other _____

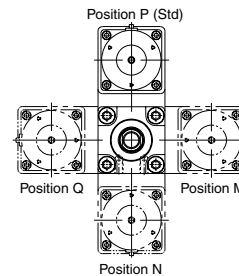
3. Motor Mounting (check one)

 Inline Mount

 Parallel Mount Position _____

Parallel mounts can limit the actuator's total thrust capacity.

Parallel mount is also available in Reverse Parallel configuration. See catalog page 24.



Motor, Drive and Control Options:

1. Motor Options (check all that apply)

 Stepper

 Servo

 Parker Supplied

 Customer Supplied (provide print)

 Gearhead

2. Other Options (check one)

 Drive

 Drive/Controller

 Controller

3. Available Line Voltage _____

4. Switches/Sensors (quantity)

End of Travel _____

Home _____

5. Brake Option (check one)

 Actuator*

 Motor

 None

*With parallel motor mount only

6. Special Options _____
