

## Application Check Sheet



RFQ #:       Date:         Distributor:          Customer:	Quantit Contact:	
Type if known: ☐ Linear Actuator ☐ Screw Jack  Application Description:	•	
Load:         Units:         Direction:           Speed:         Units:         Units:           Stroke:         inches         mm           Cycles/hour:         Hours/day:         Day/year:           Precision:         inches         mm           Motor Type:         AC         DC         Servo         Voltage:           Mounting requirements:         Mounting         Mounting		
Environment concerns:  Other notes:		