

MOTOR APPLICATION FORM

If you would like assistance with selecting a motor, or if you require a custom design, please fill out the following application form. Mail it or fax it to:

Molon Motor & Coil Corp.
300 North Ridge Ave.
Arlington Heights, IL 60005
Toll Free: (800) 526-6867
Phone: (847) 253-6000
Fax: (847) 342-0603

Request for:	Feasibility _____ Quotation _____ Samples _____	Office use only:	MAF No. _____ QR No. _____ MAF No. _____
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Estimated annual quantity: _____ Estimated order quantity: _____ Number of releases: _____

Company: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Project name or P/N: _____

1. Description of application: _____
2. Molon's motor type (if unknown, please describe size and mounting constraints below): _____
3. Voltage: _____ Frequency: _____ Power Supply: _____
4. Rotation, looking at output shaft: CWCCW _____ Reversible: Yes _____ No _____
5. RPM (include allowable variation): Under load _____ No load _____
6. Torque: Full load _____ Starting _____ Were torques measured or estimated: _____
7. Is motor subject to shock load (please describe): _____
8. Axial load: _____ Overhung load: _____
9. Ambient Temperature: _____ Environment (water, salt spray, etc.): _____
10. Duty cycle: on time _____ off time _____ cycles per day _____ Will motor be stalled: _____
11. Motor life (years, hours, or cycles): _____
12. Shaft (include tolerance): Diameter _____ Length, opposite motor _____ over motor _____
13. Termination (lugs, leads, connectors): _____
14. Rotor brake (AC only): Yes _____ No _____ Rotor clutch (AC only): Yes _____ No _____
15. Mounting position: Output shaft horizontal _____ shaft up _____ shaft down _____
16. Is over temperature protection required (please describe): _____

17. Regulatory Agency Requirements (UL, CSA, CE, etc.): _____
18. What other motors have been tried; with what success: _____

19. Attach a separate page if you would like to include an additional information or sketches of motor.