

Application Analysis Form for

Duff-Norton® SuperCylinder™ Actuators

Duff-Norton engineers will be pleased to make recommendations for your specific requirements. To obtain their recommendations, please complete this form and mail or fax it to Duff-Norton, PO Box 7010, Charlotte, NC 28241. Fax number 704-588-1994.

1. **Quantity:** _____
2. **Required Capacity:**
Dynamic (moving): Compression _____ lbs; Tension _____ lbs.
Static (holding): Compression _____ lbs; Tension _____ lbs.
3. **Speed:** _____ in./min (with _____ Hz power)
4. **Stroke:** _____ in. (actual use)
5. **Duty:** _____ in./hour of total travel
6. **Required life:** _____ in. of travel (Inches/hr. x hrs/day x days/yr x years of service)
7. **Configuration** (check one): Right Angle _____ Offset _____ Parallel _____
8. **Power:** _____ VAC 1 / 3 Phase (circle one) 50 / 60 Hz (circle one)
9. **Environment:** Inside/ Outside covered/ Outside exposed/ Washdown (circle one)
Service temperature: _____ °F (low) to _____ °F (high)
Exposure to: (Caustics, gases, dusts/abrasives, etc.) _____
- 10a. **Mounting** (SCW Series): Tube pointed at _____ o'clock.
- 10b. **Mounting Position Code** (SNC Series, see catalog pg. 9): _____
(This is required to allow for proper oil filling of the gearbox. Choose the option that most closely matches actual installed position.)
11. **Special requirements:** repeatability, quick stop, etc. _____
12. **Accessories:** limit switch (standard), digital encoder, mounting blocks, etc.

Name _____ Title _____
Company _____ Phone _____
Address _____ Fax _____
City, State, Zip _____ E-mail _____



For additional assistance, contact our Application Engineers at (800) 477-5002.

