

Photo Copy For Use

Date _____

Fax to your local STANCOR sales representative for prompt assistance.

Customer	Contact
_____	_____
Location	Phone #
_____	_____
_____	Fax #
_____	_____

Product Application

Mounting Location

Loads

Maximum Make _____ Amps (a.k.a., inrush)

Typical Carry _____ Amps

Maximum Carry _____ Amps

Minimum Pull-in Voltage _____ Volts D.C.

Cycles _____

(number of cycles product will see over its life)

Maximum Ambient Temperature _____ (note °F or °C)

Check Box if "Yes"

High Vibration*

High Moisture

*less than 1 millisecond break in current @ 4G's, from 10-1000Hz

Coil Termination Requirements

Contact Termination Requirements

Additional Comments
