

Product Recommendation Sheet

■ Mechanism: Others

Date dd / mm / yy

Name:		Contact Person:		Department / Title:	
TEL:	FAX:	Application:		Area:	
Power Input: <input type="checkbox"/> Single phase AC _____ V <input type="checkbox"/> 3 phase AC _____ V <input type="checkbox"/> DC _____ V					Frequency: Hz

Activated mode:

- Single direction operating continuously → Rated speed Regulated speed (Range: _____ rpm ~ _____ rpm)
- Single direction run, stop, run, stop → Activated time: _____ Second/Sequence, Stop time: _____ Second/Sequence; Run, stop total _____ Sequence/Minute
- Clockwise / counterclockwise repeated → CW: _____ Second/Sequence, Stop: _____ Second/Sequence : CCW: _____ Second/Sequence, Stop: _____ Sequence/Minute

Required motor: AC induction motor: Induction Reversible Speed control Magnetic brake Torque

DC brushless motor: BMS Series BS Series SBS Series UBS Series DBS Series Magnetic brake Series

Stepper motor: 2 phase 3phase 5phase

【Drive mechanism and operating data】

Use the space below to draw the outline of your drive mechanism and fill in the operating conditions required.

Recommendation products (Selected specs) :

※ Leave blank for any unclear items and send this form by fax, We wil select the suitable products for you as soon as possible.

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