

Custom Motor Request Form - Servo Motors

Company Name _____

Address _____

City _____

State _____

Zip _____

Contact Name _____

Phone _____

Fax _____

E-Mail _____

ATC (Local Sales/Engineering Organization) _____

Standard Motor Model Number of Interest _____ Desired Modification or Special Requirement _____

Drawing attached: YES NO

Flange	Winding	Feedback
<input type="checkbox"/> Tapped mounting holes:	<input type="checkbox"/> Ke = _____ or _____ torque @ _____ speed	<input type="checkbox"/> Encoder resolution of _____ lines per rev
<input type="checkbox"/> Additional mounting holes	Amplifier P/N _____	<input type="checkbox"/> Special resolver
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Shafting	Cabling	Options
<input type="checkbox"/> Hollow shaft bore diameter = _____	<input type="checkbox"/> Connector Manufacturer _____	<input type="checkbox"/> High speed balance:
<input type="checkbox"/> Front shaft length = _____	Motor Part # _____	<input type="checkbox"/> Brakes Coil voltage _____
<input type="checkbox"/> Rear extension = _____	Feedback# _____	Static torque _____
<input type="checkbox"/> Flat	<input type="checkbox"/> Cable/Lead Length _____	<input type="checkbox"/> Planetary Gearhead: Ratio _____
<input type="checkbox"/> Keyway	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Special Diameter	_____	_____
<input type="checkbox"/> Center Tapped	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Complete form and fax to:
Compumotor at 707-584-8029

Number of pages faxed: _____

Custom Designed Servo Motors For Your Specific Application. Call 1-800-358-9070 Today.