

Wheel Motor Application Form



Customer Information

Date: _____

Name: _____
Company: _____
Address: _____

Telephone: _____
Fax: _____
E-mail: _____

SPECIFICATION

Type of Vehicle: _____

Project Name: _____

Battery Voltage: _____

EAU: _____

Motor Type (Please check one):

D.C.

DC Series Wound
DC Separately Excited (Sepex)
DC Compound Wound
DC Shunt Wound
DC Permanent Magnet

A.C.

AC 3-Phase Asynchronous
A.C. Permanent Magnet (PMAC)

Requirements:

Power _____ hp / Kw at _____ RPM

Torque _____ Nm / Lb-ft at _____ RPM

Ambient Temperature _____ °F

Encoder Yes* No If "Yes", Type? _____ PPR _____

Temp. Sensor: Yes* No If "Yes", Type? _____

Brake EM Voltage Torque

Manual Release Yes No

Maximum Motor Dimensions:

Length L1: _____ mm

Length L2: _____ mm

Length L3: _____ mm

Diameter D: _____ mm

Motor Mounting *Please choose only one of the following*

Horizontal Vertical With Electric Power Steering

Forced Ventilation Axial If "Yes", Voltage? _____

Radial If "Yes", Voltage? _____

