

General Motor Application Form



Customer Information

Date: _____

Name: _____
Company: _____
Address: _____

Telephone: _____
Fax: _____
E-mail: _____

SPECIFICATION

Type of Vehicle: _____ Project Name: _____

Battery Voltage: _____ Quantity Required: _____

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)

General *Please choose only one of the following:*

Pump Application Yes No

Traction Application Yes No

Gear Motor Application Yes No

Motor-in-wheel Application Yes No

Requirements:

Power _____ hp / Kw at _____ RPM

Torque _____ Nm / Lb-ft at _____ RPM

Ambient Temperature _____ °F

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

EM Brake Manual Release Voltage same as motor

Maximum Motor Dimensions:

Length L1: _____ mm (From mating interface to rear of motor)

Diameter D: _____ mm

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Characteristics

Gearbox Worm Coaxial Planetary

Other: _____

Output Shaft Male Female Hollow

Differential / Gearbox Ratio _____ : 1

Weight Loaded _____ Lbs / Kgs

Unloaded _____ Lbs / Kgs

Velocity Loaded _____ MPH / KPH

Unloaded _____ MPH / KPH

Required Gradient Loaded _____ %

Unloaded _____ %

Wheel Diameter _____ in / mm

Required Enclosure IP _____

Duty Cycle **Required for submission*

Running Time _____ min

Stop Time _____ min

Repeatability _____ Times per Day

Vehicle Architecture:

(Front Wheel drive,
Center wheel drive,
etc.)

Further Info:
