



Application Analysis Form for Screws and Nuts

Duff-Norton engineers will be pleased to make recommendations for your specific requirements. To obtain their recommendations, please complete this form and mail or fax it to Duff-Norton, PO Box 7010, Charlotte, NC 28241. Fax number 704-588-1994.

1. **Quantity:** _____
2. **Required Capacity:**
Dynamic (moving): Compression _____ lbs; Tension _____ lbs.
Static (holding): Compression _____ lbs; Tension _____ lbs.
3. **Speed:** _____ in./min (with _____ Hz power)
4. **Stroke:** _____ in. (actual use)
5. **Duty:** _____ in./hour of total travel
6. **Required life:** _____ in. of travel (Inches/hr. x hrs/day x days/yr x years of service)
7. **Screw Position:** Vertical _____ Horizontal _____
8. **End Fixity:** Fixed-Free _____, Simple-Simple _____, Fixed-Simple _____, Fixed-Fixed _____,
9. **Power:** _____ VAC 1 / 3 Phase (circle one) 50 / 60 Hz (circle one)
10. **Environment:** Inside/ Outside covered/ Outside exposed/ Washdown (circle one)
Service temperature: _____ °F (low) to _____ °F (high)
Exposure to: (Caustics, gases, dusts/abrasives, etc.) _____
11. **Motor Mounting Position Code** _____ (see codes & diagrams on catalog pg. 77. This is necessary to ensure for proper oil filling and plug locations on the gear box. Please choose the option which most closely matches the actual installed position. Unless we are informed otherwise we will assume our standard positions are desired.)
12. **Special requirements:** repeatability, quick stop, etc. _____
13. **Accessories:** limit switch (standard), digital encoder, mounting blocks, etc.

Name _____ Title _____
Company _____ Phone _____
Address _____ Fax _____
City, State, Zip _____ E-mail _____

