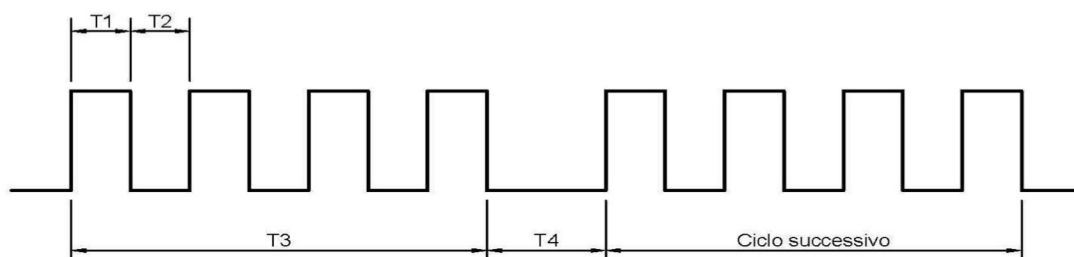


10-2PG-03

Customer:	Completed by:
Phone/Cell:	Email:

## QUESTIONNAIRE

Fill in the spaces below so that we are able to provide you with the most suitable linear actuator for your needs. The data must be strictly real, without taking any tolerance into consideration, safety tolerances will be assessed by us.



T1 = Time of linear actuator in operation	Seconds	
T2 = Time of linear actuator in pause	Seconds	
T3 = Total time of an operating cycle	Seconds	
T4 = Time between cycles	Minutes	
▪ Ambient temperature where the linear actuator will be used	between °C and °C	
▪ Battery-powered	Yes	No
▪ Voltage from battery power supply	Vac	
▪ State the type of power supply if not battery:		
▪ Admissible current absorption by the power supply system	Amp	
▪ Protection rating against the entry of solid objects and liquids	IP	
▪ Max tension or thrust force	N	
▪ Movement speed	mm/sec	
▪ Max stroke of mobile rod	mm	
▪ Type of limit switch that you intend to use in alternative to our electronic control:		
▪ Description of how you intend to control the linear actuator (attach electrical diagram if possible)		

Notes/Observations:

Date:	Signature:
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