HELIX
LINEAR TECHNOLOGIES

www.helixlinear.com

LINEAR SYSTEMS APPLICATION DATA FORM

NAME: **EMAIL:**

COMPANY:

ADDRESS:

CITY: **STATE:**   **ZIP:**

PHONE:

AXIS NAME:

Orientation: Horizontal   Vertical   Angle to Horizontal

APPLICATION TYPE:

TYPICAL MOVE:

Point to point?   Yes   No   Scanning?   Yes   No

Distance: units: Scanning speed: units:

Move time: units   Constant velocity +/-

Dwell time: units   Data acquisition frequency

or:

Max speed: units   Min speed: units

Max acceleration: units   Return speed: units

Max travel: units

OPERATION:

How many hours per day?

Move repeatability: units: Move accuracy: units

LOAD:

Moving weight mass   units   (do not include coil mass)

Does above weight include motor mounting weight?   Yes   No

Opposing Force during move forward   units   (Force during accel/decel?   Yes   No)

Opposing Force during move return   units   (Force during accel/decel?   Yes   No)

AMBIENT:

Max operating ambient temperature   units   Minimum operating ambient temperature   units

Will it work under vacuum   Yes   No   (if yes vacuum level   units   )

Is this a clean room environment?   Yes   No   (If yes Class   )

POWER AVAILABLE

            VAC   VDC

MOTOR PREFERENCE

      AC   DC   Servo   Stepper   Other

DRIVE

Type/Preference:

I/O:

Communication:

QUANTITY: