

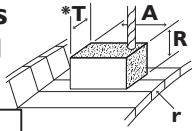
If you require assistance in completing form please call Freephone 0800 389 0067 or +44 (0)1792 763112

Contact Name:	
Company Address:	
Tel No:	Fax No:
Email Address:	

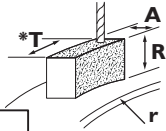
Quantity Req:
Date Req:
Part No/Ref:
Quote Ref:
Order No:

### Dimensions

Commutator   
Commutator diameter if known =



Slip ring   
Slip ring diameter if known =



Dimensions (mm/inches)

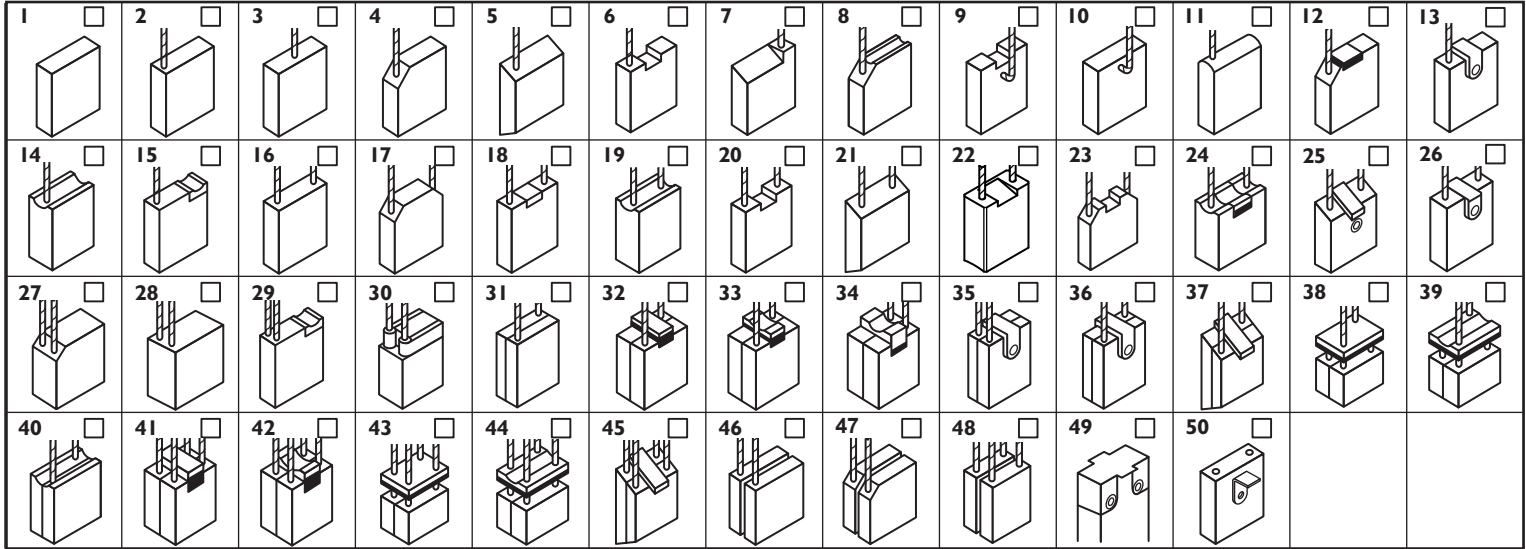
\*Tangential  
Axial  
Radial  
Worn (y/n)

Please Note\* Total brush thickness per pocket

### Brush Markings & Machine Details

Brush Grade or Marking on Brush		
Voltage (V)	Current (A)	
Machine OEM	Speed (RPM)	
No. Brushes per arm ring		

### Brush Style (Front view)



### Tops - Please indicate if required & dimensions

<b>Slot in top of brush</b> A = <input type="text"/> B = <input type="text"/> 	<b>Radius in brush top</b> A = <input type="text"/> B = <input type="text"/> r = <input type="text"/> 	<b>Metal coverplate</b> A = <input type="text"/> B = <input type="text"/> 	<b>Composite insulating top</b> A = <input type="text"/> B = <input type="text"/> C = <input type="text"/> D = <input type="text"/> r = <input type="text"/> 
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### Flexible

Flex length:  mm No. Flexes:

Plain   
Tinned   
Riveted

Insulation required  
Yes  No

### Insulation

### Commutation Chimney/Dust Groove - Please indicate if required

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Wear Line Yes  No

### Terminal (Front view)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal <input type="checkbox"/>
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### Terminal Detail

No of Terminals

Slot Width/Hole Ø

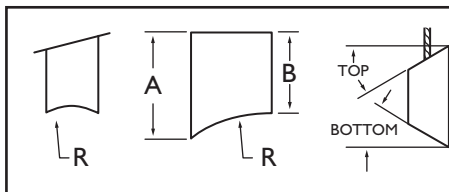
Terminal Width

Extra Detail Open  Closed

### Extra Details/Sketch

Information in this box takes precedence over all other information

### Radius



### Bevels & Relevant Flex Position

Top =   
Bottom =   
A =   
B =   
R =

