



"The Right Control
 For Your Application"

TRIAC CONTROL ENGINEERING INQUIRY FORM (EIF)

Company _____ Date _____
 Address _____ Prepared By _____
 _____ Phone _____
 City _____ State _____ Zip _____ Fax _____
 Contact _____ E-Mail _____

This form has been prepared to assist you in supplying us with the basic information required to select a motor control for your application. The performance of the selected control will depend on the completeness of the information supplied. Most applications will require a motor sample for proper matching of control and motor.

1. Product Information:

New Product: Yes No
 Current Control & Supplier: _____
 Estimated Vol/Yr: _____
 Description of Machine: _____

2. Required Performance:

Speed Range: _____
 Type of Load: Fan Pump
 Resistive Centrifuge Lighting
 Desired Load Regulation _____ (%) Base Speed
 Load Variation:
 A. Almost Constant Load
 B. Moderate Load Regulation
 C. Load Varies from Almost Zero to Full

3. Motor Information:

Manufacturer: _____
 Model Number: _____
 Shaded Pole PSC DC AC/DC
 Volts: _____
 AC Amps(full load) _____ (Locked rotor) _____
 HP (KW) _____ Base Speed _____

4. Control Requirements:

Space Availability (L x W x H): _____ Ambient Temp: _____
 Built-in Pot: Yes No Remote Pot: Yes No On/Off Line Switch: Yes No
 Pot Rotation: On/Low/High (standard) On/High/Low (reverse) Extra Lead to switch Aux Load: Yes No
 Certifications: UL cUR (CSA) CE Other _____
 RFI Suppression (KBRF): Yes No
 Line Transformer: Yes No 460/230VAC 230/115VAC VA Rating _____
 Connections: Wire Leads Wire Length _____ QD Terminals: Female Male
 Hardware Required: Knob: Yes No Dial Plate: Yes No
 Package Required: Wall Mount (WC) Panel Mount (MC, MS) Steel Cased (SC)
 Input Voltage VAC: 115 230 277

5. Comments: Please provide basic theory of operation and comments to help us select "The Right Control For Your Application".

