



Unparalleled Protection

Request for a Wound Rotor Motor Resistor Bank Quotation:

Customer: _____ Date: _____

Address: _____

City: _____ Province/State: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

I. Electrical Ratings:

Primary (Stator) Volts: _____ Primary (Stator) Current: _____

Secondary: (Rotor) Volts: _____ Secondary (Rotor) Current: _____

Motor Power: _____ H.P. or _____ kW

II. Operation:

Number of Steps: _____ or Number of Speeds: _____ (Steps +1)

Application: _____ or NEMA Class: _____

Percent of Torque at start: _____ or NEMA Class: _____

Percent of Full Load Current at start: _____ or NEMA Class: _____

Duty Cycle: _____ % or Time and Number of starts/hr. _____ or NEMA Class: _____

III. Enclosure Classification:

_____ Open Frame

_____ Indoor type ventilated NEMA 1 (IP-11) _____ Outdoor type ventilated NEMA 3R (IP-33)*

_____ Outdoor type Watertight Dust-tight NEMA 4 (IP-54)

_____ Other: _____

Enclosure Material:

Cold Rolled Steel: _____ Aluminum: _____ Stainless Steel: _____

Mill Galvanized: _____ Hot Dipped Galvanized: _____ Other: _____

Enclosure Finish:

* Represents I-Gard Standard

Natural: _____ (Aluminum, Galvanized, & Stainless Steel)

Enamel Paint: _____ ANSI-61 (light grey)*: _____ ANSI-70: _____

Utility Green: _____ Other: _____

Epoxy Paint: _____ Other Special Paint: _____