

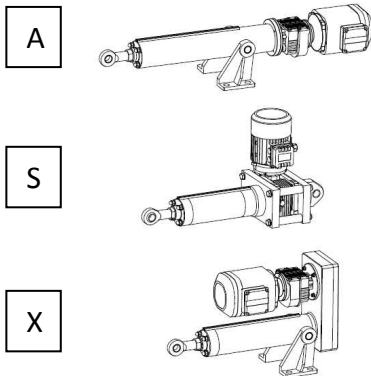
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## Electric lifting cylinder request form

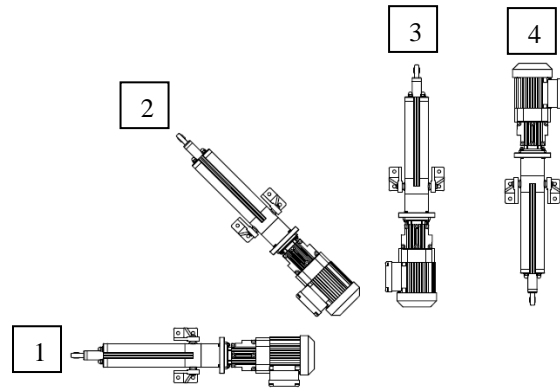
Company: .....  
 Contact person: ..... Telephone: .....  
 Department: ..... Fax: .....  
 Street no.: ..... E-mail: .....  
 City / Postcode: ..... Appointment: .....

1. What should the electric lifting cylinder move?  
 .....

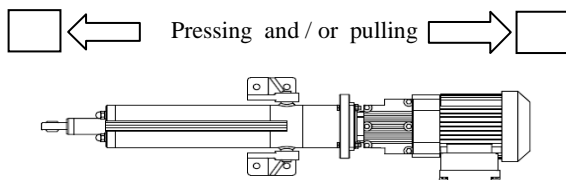
2. Which design is desired?



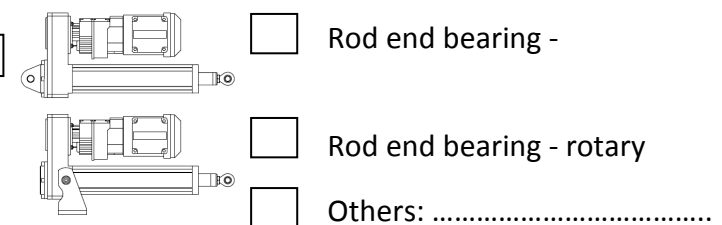
3. Which installation position is required?



4. Please specify the direction of force.



5. Desired method of fixing?



6. Max. adjustment force [N]: ..... 7. Max. static loading [N]: .....

8. Adjustment velocity [mm/s]: ..... 9. Stroke length [mm]: .....

10. Ambient temperature [°C]: ..... 11. Operating voltage [v]: .....

12. Desired protection class: IP..... 13. Frequency converter operation planned?: ...

14. Switching frequency: Number of double strokes per hour: max.:.....average.: .....

Double strokes per day: max.:.....average.: .....

15. Lateral forces (must be avoided as far as possible) [N]: .....

16. Requirement [Items]: .....

17. Is there a risk to persons in event of malfunction? .....

18. Special guidelines / comments: ..... 19. Explosion protection required: .....

(If yes, please also fill in the request form "Explosion protection".)

Please fax to S+R automation systems GmbH +49 (0) 6633-9600-93