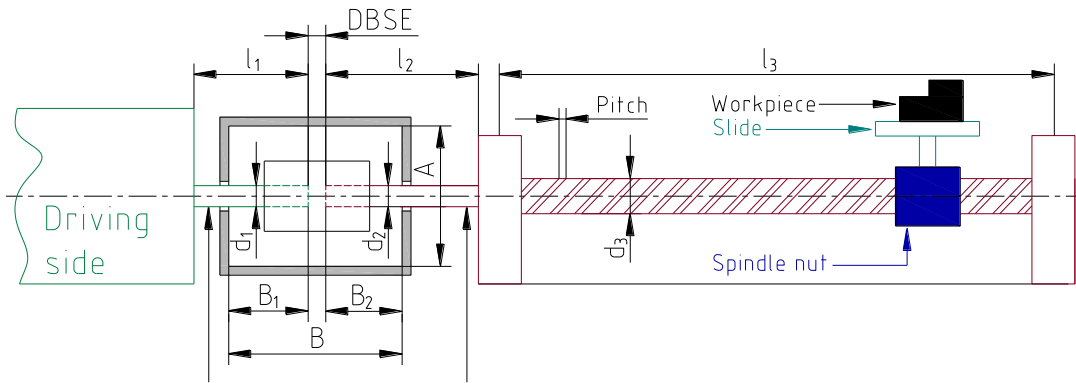




Company: _____
 Address: _____
 Phone: _____ Fax: _____
 Name: _____ Department: _____
 E-mail: _____ Date: _____



Gearbox Yes No Gearbox Yes No

Transmission ratio: _____

Starts per minute: _____

DBSE: _____ mm

Ambient temperature: _____ °C

Axis	Driving side							
	Motor type	Rated torque [Nm]	Max. torque [Nm]	Max. speed [rpm]	d ₁ (Specify tolerance) [mm]	l ₁ [mm]	Mass moment of inertia J _A [kgm ²]	DBSE [mm]
X								
Y								
Z								

Axis	Ball screw							
	d ₂ (Specify tolerance) [mm]	l ₂ [mm]	d ₃ outside Ø of ball screw [mm]	l ₃ [mm]	Pitch [mm]	Max. AxB [mm]	Weight workpiece + slide [kg]	Mass moment of inertia J [kgm ²]
X								
Y								
Z								

If available:
 Stiffness of nut [N/µm] Axis X _____ Axis Y _____ Axis Z _____
 Stiffness of bearing [N/µm] Axis X _____ Axis Y _____ Axis Z _____

Remark:

