

Application Survey Form

Customer Information

Company _____ Contact Name _____
Street _____ Phone _____
City _____ FAX _____
State _____ Zip _____ Machine Name _____

Present Method of Length Control

- Mechanical Target or Gauge Bar (Part pushes the die)
 Electric Flag Switch or Photocell (Part does not push die)
 Open Loop Electronic Measuring (Manufacturer _____ Model No. _____)
 Closed Loop Accelerator (Manufacturer _____ Model No. _____)

Type of Cutoff System

- Stationary Air Press Stationary Hydraulic Press
 Mechanical Press (Flywheel) Flying Saw
 Flying Air Press Flying Hydraulic Press
 Other Describe _____

Press Manufacturer _____ Model Number _____
Flywheel RPM (Mech. Press Only) _____ Estimated Press Cycle Time _____

Weight and Die Travel

Die Weight _____ Lbs.
(Include all moving components)
Total Die Travel _____ Inches
Travel to Center of Press _____ Inches
(Stationary press only)

Line Speed and Tolerance

Current Line Speed _____ FPM
Potential Line Speed _____ FPM
Current Tolerance +/- _____ Inches
Desired Tolerance +/- _____ Inches

Other Considerations

Average Number of Length Changes per Shift _____
Number of Shifts per Day _____ Minimum Part: _____ Inches @ _____ FPM
Other Requirements (Explain) _____

Duesenburg Inc.

212 E. Collins St.
Fort Wayne, IN 46805
Toll Free US & Canada +1 (877) CAP-1742
International (260)496-9650
FAX (260)918-2281