

APPLICATION EVALUATION DATA SHEET

CONTACT INFORMATION

COMPANY _____
CONTACT NAME _____
POSITION _____
EMAIL ADDRESS _____
PHONE NUMBER _____
PROJECT NAME _____

TECHNICAL INFORMATION

ESTIMATED MAXIMUM LOAD _____ (LBS)

APPLICATION TYPE PUSH UP FLIP OVER HORIZONTAL

ACTUATION TYPE LIFT PUSH / PULL OVER CENTER

GAS SPRINGS ON CURRENT APPLICATION YES NO

DESIRED OPENING ANGLE _____

LENGTH OPEN _____

LENGTH CLOSED _____

OPERATION TEMPERATURE _____ LOW (°F) _____ HIGH (°F)

APPLICATION ENVIRONMENT INDOOR OUTDOOR MARINE

MANUAL OPERATION OF SYSTEM REQUIRED? YES NO

LOCKED / INTERMEDIATE STOP POSITIONING REQUIRED? YES NO

AUTOMATIC LATCH / LOCK EXISTING? YES NO

CONTROL TYPE NONE ANALOG PUSH BUTTON RF REMOTE

OBSTACLE DETECTION REQUIRED? YES NO

MOUNTING BRACKET(S) REQUIRED? YES NO