

NEW DESIGN – TELAFLEX[®] COVERS | QUOTE REQUEST FORM

MEASURING FROM MACHINE

Date _____ Address _____
 Company Name _____ City _____ State/Prov. _____
 Contact _____ Country _____ Zip/Postal Code _____
 Quantity _____ Telephone _____ Fax _____
 Email _____

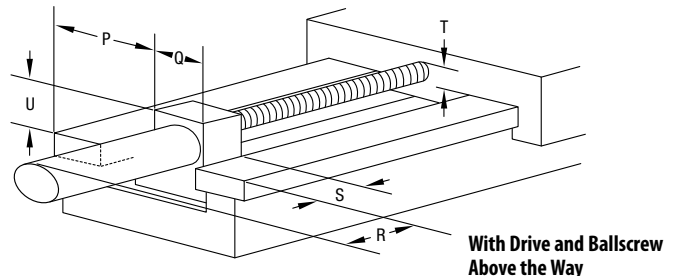
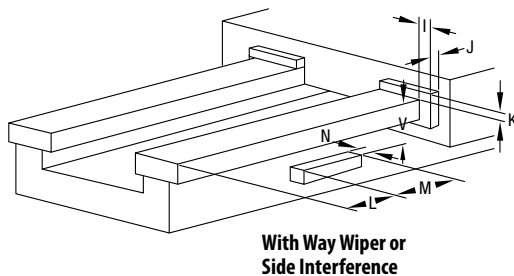
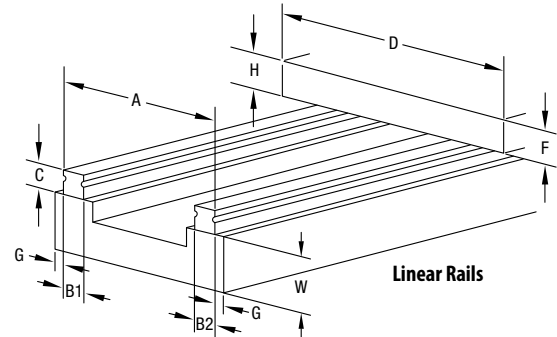
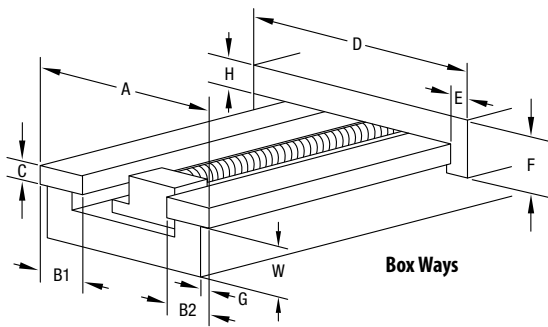
Please supply a sketch/drawing of your application. We have an extensive database of covers on file. Please contact your Dynatect Manufacturing, Inc. representative to locate your previous order(s) or to see if one fits your exact cover requirements.

1. Application Information

Existing Covers Only: Manufacture _____ Model/Part Number _____
 Machine Make: _____ Machine Model: _____
 Axis: X Y Z Other _____
 Cover Orientation: Horizontal Vertical Cross Rail Between Column and Table
 New Design or Replace Existing Cover: New Design Existing Machine in our Factory (replacement cover) Number of Boxes? _____
 Operating Environment of the Cover? Please indicate percentage(s).
 Dry _____ Grinding _____ Hot Chip _____ Aluminum _____ Heavy Coolant _____
 Other (describe) _____
 Working Temperature: _____ °F °C Maximum Travel Speed: _____ (indicate unit of measurement)
 Movements/Day _____ Acceleration: _____ (indicate unit of measurement) Axis: _____
 Are Ways Hardened? Yes No

2. Way Dimensions (Please indicate and dimension any obstructions below or provide a separate drawing.)

Way Dimension Specified In: Inches Millimeters Type of Way: Box Way Linear Rails
 Dimensions: A _____ B1 _____ B2 _____ C _____ D _____ E _____ F _____ G _____
 H _____ I _____ J _____ K _____ L _____ M _____ N _____ P _____
 Q _____ R _____ S _____ T _____ U _____ V _____ W _____

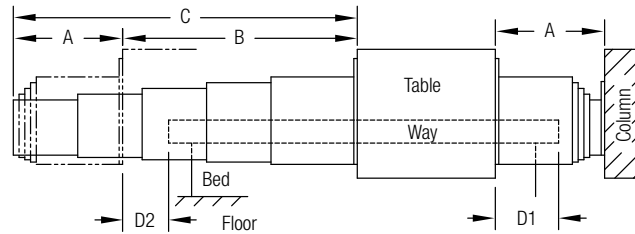


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3. Extended/Retracted/Travel Requirements

Dimensions specified in: in mm

- (A) Retracted Length: _____
- (B) Travel Distance: _____
- (C) Extended Length: _____
- (D1) Over Travel: _____
- (D2) Over Travel: _____

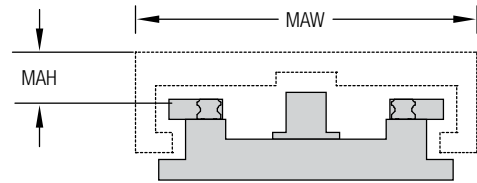


4. Maximum Allowable Cover Width and Height Above Way

Dimensions specified in: in mm

MAH (Maximum Allowable Height Above Way) Required: _____

MAW (Maximum Allowable Cover Width) Required: _____



5. Cover Configuration

For replacement covers, please choose the profile which matches the existing cover the closest.

- A B1 B2 C D E1 E2
- F1 F2 G1 G2 H1 H2 J (other)

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| | | | | |
| | Other – Please include a drawing (DWG/DXF preferred) | | | |

6. Mounting Configuration

Must select configuration for both ends.
Mounting holes not supplied unless specified.

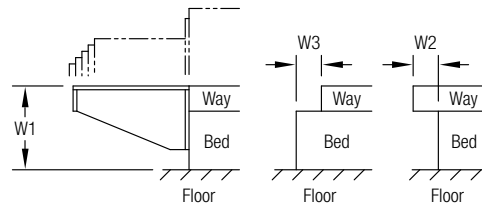
- Large Box: 1 2 3 4 5 6 7 8 (other)
- Small Box: 1 2 3 4 5 6 7 8 (other)

| | | |
|--|--|--|
| | | |
| | | |
| | 8 Other – Please include a drawing (DWG/DXF preferred) | |

Note: Views 1-4 are end views.
Views 5-7 are views from the side of the cover.

7. Extension Brackets

- Yes Dimensions specified in: in mm
 - (W1) Top of Ways to Floor: _____
 - (W2) Way Extends Beyond Bed: _____
 - (W3) Way Ends Before Bed: _____
- No



8. Options

- Lifting Lugs*
- Stainless Steel
- Tread Plate (separate)
- Inspection Door

*On any cover over 250 lbs/113 kg, a lifting system is integrally designed.