

# REPLACEMENT COVERS – TELAFLEX<sup>®</sup> | QUOTE REQUEST FORM

Date Needed By \_\_\_\_\_ Address \_\_\_\_\_  
 Company Name \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_  
 Contact \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Quantity \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Note: The following design information helps us provide you with a budgetary estimate for a replacement cover. Please include photographs of your existing cover when sending in your request, especially the inside of the cover.

## 1. Machine Information

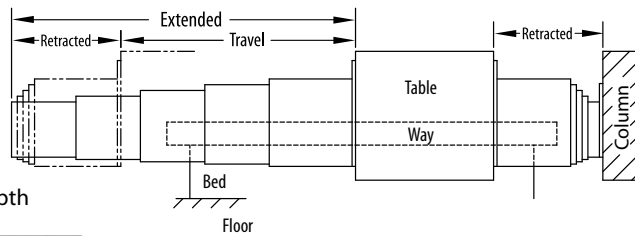
Machine Make: \_\_\_\_\_ Machine Model & Number: \_\_\_\_\_  
 Machine Axis:  X  Y  Z  Other \_\_\_\_\_  
 Type of Way, e.g. Linear Rail: \_\_\_\_\_ Cover Brand\*:  Dynatect<sup>®</sup>/Gortite<sup>®</sup>  Other \_\_\_\_\_  
 \*If you are replacing a Dynatect or Gortite brand cover, let us first look up your design by the cover part number. Cover Part Number: \_\_\_\_\_  
 Cover Orientation:  Horizontal  Vertical  Crossrail  Between column and table  
 Do you have any concerns or are you experiencing any issues with your current cover? \_\_\_\_\_

## 2. Operating Environment

Dry  Grinding  Hot Chips  Aluminum Swarf  Heavy Coolant  Other (describe) \_\_\_\_\_  
 Working Temperature: \_\_\_\_\_ °F °C Maximum Travel Speed: \_\_\_\_\_ (indicate unit of measurement)  
 Acceleration: \_\_\_\_\_ (indicate unit of measurement) Number of cycles: per 8 hrs \_\_\_\_\_ per 16 hrs \_\_\_\_\_ per 24 hrs \_\_\_\_\_  
 Are the Ways Hardened?  Yes  No (Helps determined suitable bearings)

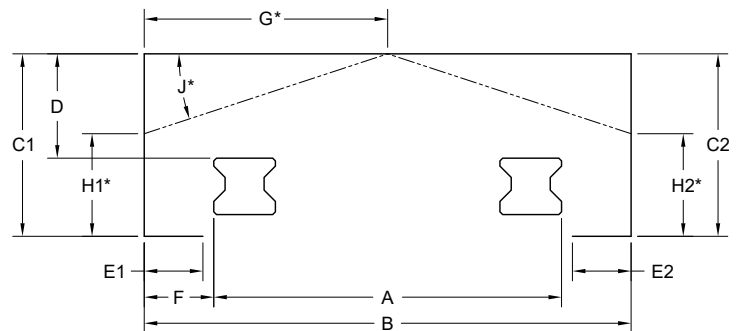
## 3. Extended/Retracted/Travel Requirements

Dimensions specified in:  in  mm  
 Retracted Length: \_\_\_\_\_ (required)  
 Travel Distance: \_\_\_\_\_  
 Extended Length: \_\_\_\_\_  
 If cover to be replaced is very damaged, we'll need the depth of the largest box to help determine retracted space: \_\_\_\_\_





## 4. Cover Dimensions and Shape

Dimensions specified in:  in  mm  
 A Width of Bed/Way: \_\_\_\_\_  
 B Width of Cover (largest box): \_\_\_\_\_  
 C Height of Cover (largest box) C1: \_\_\_\_\_ C2: \_\_\_\_\_  
 D Height of Cover Above Way: \_\_\_\_\_  
 E Wrap-around Length: E1 \_\_\_\_\_ E2 \_\_\_\_\_  
 F Left Side (largest box) to Bed/Way \_\_\_\_\_  
 G Left Side to Peak (largest box) \_\_\_\_\_  
 H Height of Side to Bend (largest box) H1: \_\_\_\_\_ H2: \_\_\_\_\_  
 J Angle of Cover (if peaked) \_\_\_\_\_  
 Number of Boxes/Sections: \_\_\_\_\_



\* G, H1, H2, & J ONLY REQUIRED ON PEAK STYLE COVERS

Box Leg, Straight   Box Leg, Side Wrap 

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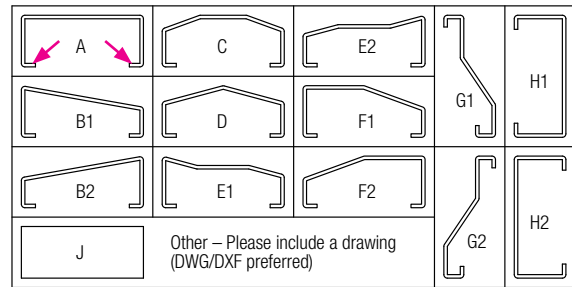
## 4. Cover Dimensions and Shape (cont'd.)

Choose the profile which matches the existing cover the closest.

Wraps shown in examples are optional:

no wraps  wraps (optional)

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



## 5. Cover Options and Accessories

Material: \_\_\_\_\_ e.g. 12GA - 14 GA steel typical

Wiper Type:  Elastomer Wiper: Screwed in?  Yes  No  
 Brass: Spot-welded?  Yes  No

Side Brass:  Yes  No Side Wipers:  Yes  No

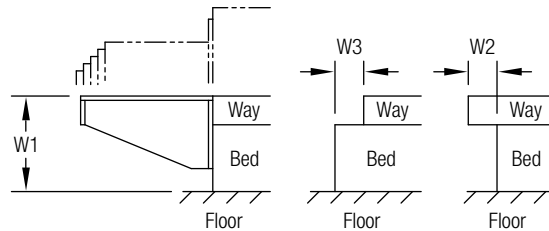
Please check the options you require:

- Lift Lugs  Scissors \_\_\_\_\_ (how many?)  
 Nylon Riders  Brass Riders  
 Bearing Rollers  Bumpers  
 Tread Plate  Inspection Door  
 Extension Brackets:

(W1) Top of Ways to Floor: \_\_\_\_\_

(W2) Way Extends Beyond Bed: \_\_\_\_\_

(W3) Way Ends Before Bed: \_\_\_\_\_



## 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)

Mounting of Cover:  Slide-On  Place-On

