Product Recommendation Information Sheet

Motor: Rack-and-Pinion Drive

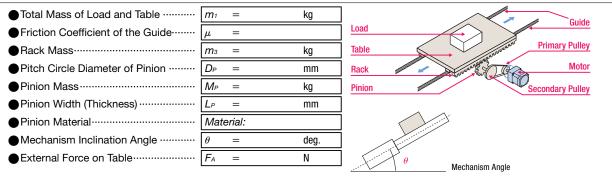
Required Product • Leave blank and send if you have no request. We will call you back.

□ Induction Motor, Reversible Motor, Electromagnetic Brake Motor, etc. □ AC Speed Control Motor □ Brushless Motor □ Stepping Motor □ Servo Motor

Traveling Type

□ Rack Moving Type Fixing to Pinion □ Pinion Moving Type Fixing to Rack (Motor Moving Type)

Drive Mechanism Specifications Leave blank and send if there is anything unclear. We will call you back



Please indicate if using a connection belt pulley or gear. Not necessary if it's a direct connection.

| igoplus Primary Pulley Diameter and Mass … | D _{P1} = | mm | <i>m</i> _{P1} | = | kg | |
|--|----------------------|------------|------------------------|---|----|-----------|
| When the mass is unknown, please e | nter the width and r | naterial.→ | L _{P1} | = | mm | Material: |
| Secondary Pulley Diameter and Mass… | D _{P2} = | mm | m _{P2} | = | kg | |
| When the mass is unknown, please enter the width and material. \rightarrow | | | L _{P2} | = | mm | Material: |
| For motorized linear slides selection, please use the spe | cial sheet. | | | | | |

Operating Conditions Leave blank and send if there is anything unclear. We will call you back.

| Traveling Distance per Motion | | mm | Traveling Speed V |
|---|-------------------------|------|--|
| Positioning time | to = | S | Traveling |
| $igodot$ Desired acceleration and deceleration time (if any) \cdots | <i>t</i> ¹ = | S | Amount [mm] |
| Stopping Time | t ₂ = | S | Acceleration Deceleration |
| Desired traveling speed (if any) ······· | V = | mm/s | Time to Time to |
| Desired stopping accuracy (if any) ···· | <u>+</u> | mm | Positioning Time to [S] Stopping Time t2 [S] |
| Power Supply Voltage | Phase V, | Hz | |

Customer Information

| Company Name: | | E-mail: | | | | |
|-----------------------|------------|-------------------------------|---------|--|--|--|
| Department and Title: | | Answer by: E-mail • FAX | | | | |
| Name: | | Application: | | | | |
| Address: | | Number of Units to be Used: | Unit(s) | | | |
| | | Expected Purchasing Date: | | | | |
| TEL: | Extension: | Supply Source (Sales Branch): | | | | |
| FAX: | | | | | | |

Date:

Year

Month

Day