

DATE: _____

CRANES APPLICATION FORM

APPLICANT'S DATA

Name and Surname _____ Company _____

City _____ Address _____ No _____

Tel _____ Fax _____

E-mail _____

Delivery Time _____

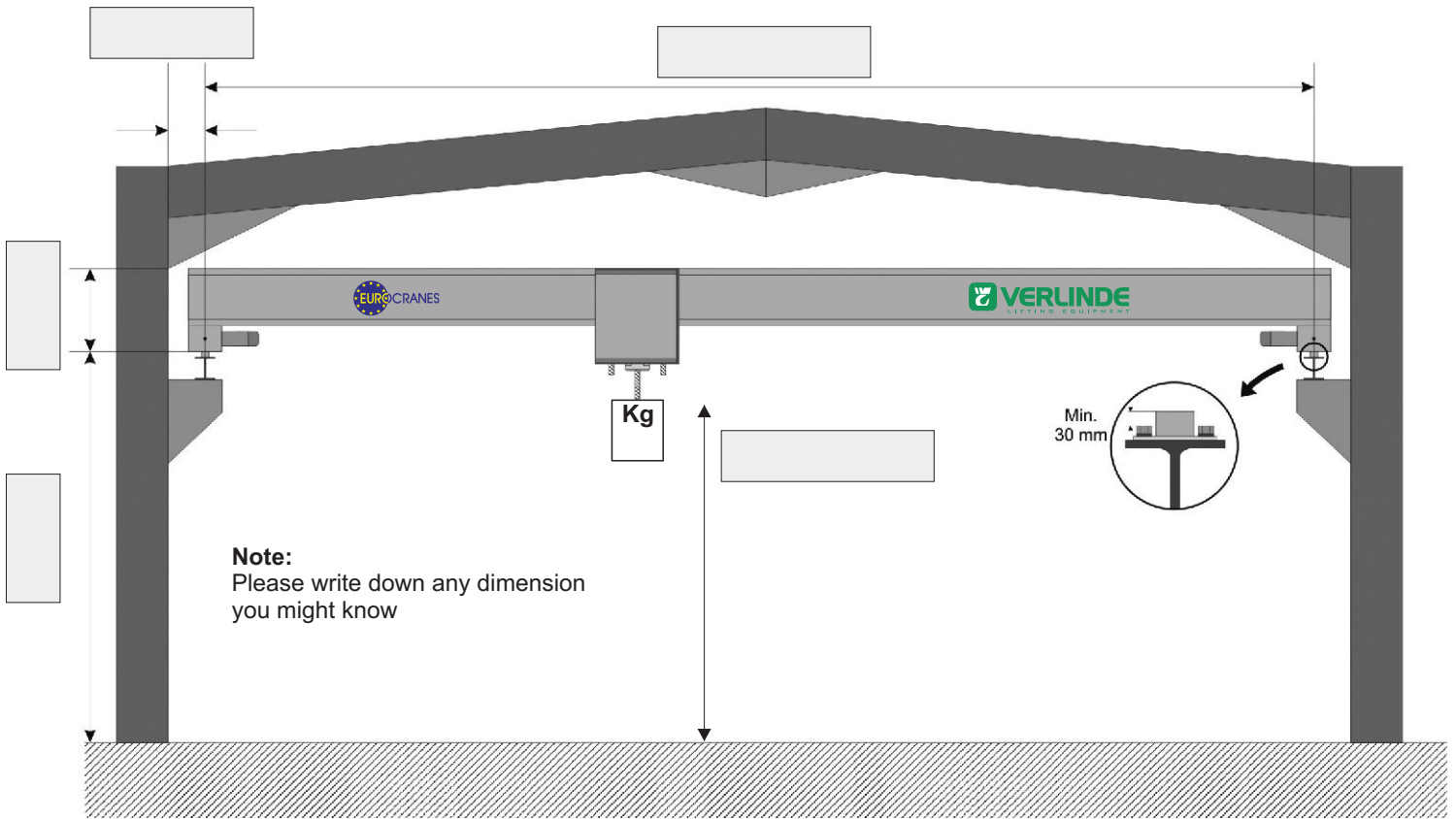
Work conditions _____

CRANES & EQUIPMENT

Single Girder Double Girder Semi Gantry Crane Gantry Crane Jib Cranes
 Internal Use External Use Passageway YES NO
 Span (m) _____ Runway Length (m) _____ Bays Distance (m) _____
 Load Capacity (S.W.L) (kg) _____ Hoisting Height (m) _____ Hoist Speed (m/min) _____
 Trolley Speed (m/min) _____ Bridge speed (m/min) _____ Type Of Hoist: Wire Rope Chain Hoist Belt Hoist
 Electric Hoist Manual Hoist Power Supply (v) _____ Frequency (hz) _____
 Feeding Type Line Along The Girder Enclosed In Cable Chain
 Average Daily Operating Time (hours) (h) _____ Crane Standard - FEM _____
 Power Supply YES NO Type Of Feeding Line _____ Length _____
 Runway Rails YES NO Type Of Runway Rails _____ Length _____
 Paint Finish: RAL 2004 RAL 1007 RAL 9002 Other _____

ADDITIONAL EQUIPMENT

Provision for future E.O.T. Crane at the same runway rail YES NO
 Radio Remote Control YES NO Flashing light activated by crane motion YES NO Horn YES NO
 Red light for overload protection YES NO MT2 Display YES NO Thermal protection for bridge travelling motors YES NO
 One step limit switch for the bridge motion YES NO One step limit switch for the Hoist motion YES NO
 Photo detectors YES NO Usonic YES NO Operation Cabinet YES NO
 Further Equipment: _____



WRITER'S DATA

APPLICATION: _____
 ESTIMATED TIME: _____ PRIORITY (INTERNAL): _____ DATE: _____
 COMPOSITION/WORDING OF OFFER: _____ DATE: _____ ALTERATION: _____ DATE: _____