

SHEET LIFTER

Custom Application Form



For pricing information: Fax completed form & contact info to (800)-356-1149

LOAD INFORMATION:

Describe the material you are planning to lift: _____

Material Conditions: Banded Loose Dry Oily

Manual (adjustment): Yes No

If Yes: Max Temp ___ Req Contact Time ___ Min Time Between Lifts___

Will Individual Sheets Be Handled? Yes No

If Yes: Individual Sheet Plate Thickness (inches) Max_____ Min_____

Bundled Load Dimensions:

	Min (in)	Max (in)
Height	_____	_____
Width	_____	_____
Length	_____	_____
Weight	_____	_____

Is The Load Palletized? Yes No

If Yes: Pallet Dimensions (inches) Height_____ Width_____ Length_____ Weight_____

SHEET LIFTER SPECIFICATIONS:

Operation: Manual Motorized Hydraulic

If Manual (adjustment): Hand Wheel Chain Wheel Extended Reach

If Motorized: AC DC Voltage_____ Phase_____ Cycle_____

If Yes Specify Type_____ Furnish Loose Mounted On Lifter

Controls Required: Yes No

Load Chains With Plate Hooks: Yes No

Distance Between Top Of The Load To The Crane Hook High Position(s): _____

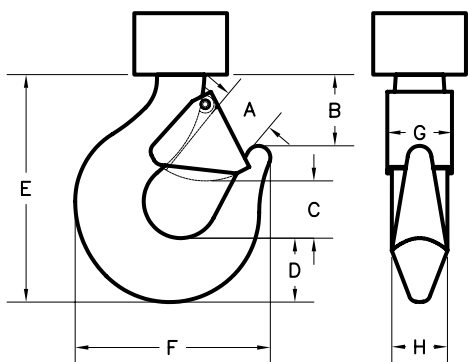
Capacity Of The Crane(s): _____

Required Duty Cycle Of The Sheet Lifter: Lifts Per Hour_____ Lifts Per Day_____

Crane Classification(s): A B C D E F

CRANE HOOK SPECIFICATIONS (Inches):

A:___ B:___ C:___ D:___ E:___ F:___ G:___ H:___



Please provide pertinent application information not supplied above (extreme product or operating temperature, extreme environmental conditions such as temperature or moisture, space or headroom restrictions, additional specifications):
