

COIL 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: _____

Coil Lifter Type Needed: _____

Coil Dimensions:

Coil Stand Required: Parking Maintenance None

	Min (in)	Max (in)
O.D.	_____	_____
I.D.	_____	_____
Width/Height	_____	_____
Weight	_____	_____

Coil Positioning During Lift: Eye Vertical Eye Horizontal

Coil Material Steel Aluminum Other (specify): _____

Is Coil Telescoped: Yes No If Yes, Material Length _____ O.D. L.D.

Coil Features: Banded Oily Tight Wound Loose Wound Other (specify): _____

Coil Placement: Prior To Lift: _____ Post Lift: _____

Does The Lifter Require Protective Lining To Prevent Coil Damage: Yes No

Is The Coil Hot: Yes No

If Yes: Max Temp _____ Required Contact Time With Material: _____ Min Time Between Lifts: _____

CRANE SPECIFICATIONS:

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

Capacity Of The Crane(s): _____ Distance Between Cranes (if applicable): _____

Required Duty Cycle Of The Coil Lifter: Lifts Per Hour _____ Lifts Per Day _____

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

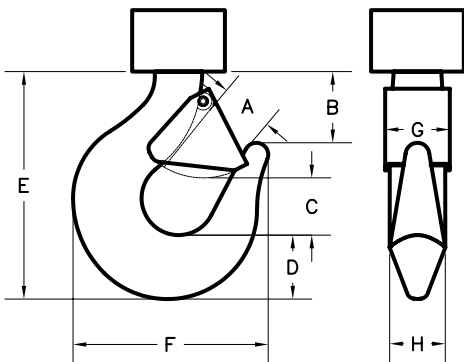
MOTORIZED COIL LIFTER APPLICATION:

Operation: Manual Motorized: AC DC Voltage _____ Phase _____ Cycle _____

Controls Required: Yes No If Yes: Specify Type _____ Furnish Loose Mounted On Lifter

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*):
