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REQUEST FOR BRUSH GRADE SELECTION

To:	Tech Rep:	Date:
Customer Name:		
Contact Name:	Contact Tel. No:	

Brush Details:

Customer Pt. No:		
T (Thickness) Dimensions	A (Width) Dimensions	Existing grade

Object of Request

<input type="checkbox"/> Enquiry for Order	<input type="checkbox"/> Technical Query	<input type="checkbox"/> Information Only
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Machine Details

Type of Motor:	Manufacturer:	Model No:
Rated Power (Kw) or (Hp)		

Electrical/Mechanical Details:

Supply (A.C./D.C./Rectified A.C.)			Supply Frequency (Hz):	
Voltage Max:	Max Current:	Is Machine Overloaded Y N	Speed Max (R.P.M.):	
Voltage Min:	Rated Current:	Actual Rated Current:	Speed Min (R.P.M.):	
Type of Collector: Comm <input type="checkbox"/> Ring <input type="checkbox"/>	Collector Dia:		Collector Material:	
No. Of Brush Arms:			No. Of Brushes per Set:	

Application Details:

Application:	Direction of Rotation (CW / ACW / Either):
Atmospheres:	Operating Temp:
Duty Cycle (on):	Duty Cycle (off):

Notes:

Recommended Grade:

Signature