

Please fill in as much information as possible about the particular handling requirements for your application. Not all information is required for every situation. If you have questions, contact our technical sales department for assistance.

HAVE YOU DISCUSSED THIS REQUEST WITH A WPG SALES REPRESENTATIVE? YES NO

CONTACT INFORMATION

Date: _____ Phone 1: _____ ext: _____
 Company Name: _____ Phone 2: _____ ext: _____
 Your Name: _____ Fax: _____
 Address 1: _____ E-mail: _____
 Address 2: _____ My need is: Immediate 1-3 months
 City: _____ State: _____ Zip: _____ 4-6 months 7-12 months

MATERIAL

For a more accurate quote, please include a solid model of the material being lifted.

Glass What type of Glass (insulated, tempered, etc.): _____
 Include applicable information on mullions, framing, etc.: _____

Metal Stone Other: _____

Curved, Bent or Irregular (see specifications on reverse side) Porous Rough (sample may be required for rough or porous materials)

Environmental Conditions (dusty, cold, hot, wet, etc.): _____

Typical Size: length (A): _____ width (B): _____ thickness: _____ weight: _____ lbs. _____ kg.

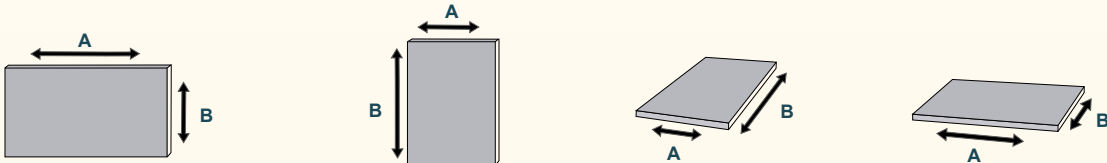
Minimum Size: length (A): _____ width (B): _____ thickness: _____ weight: _____ lbs. _____ kg.

Maximum Size: length (A): _____ width (B): _____ thickness: _____ weight: _____ lbs. _____ kg.

Thinnest Material

Minimum Size: length (A): _____ width (B): _____ thickness: _____ weight: _____ lbs. _____ kg.

Maximum Size: length (A): _____ width (B): _____ thickness: _____ weight: _____ lbs. _____ kg.



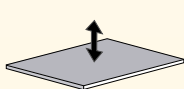
LOAD MANIPULATION

Manual Tilt Power Tilt (number of tilts per hours: _____) Manual Rotation Power Rotation

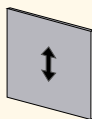
Upright Only Flat Only

Lifting System: _____ Lifting System Capacity: _____ Height to Hoist: _____

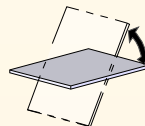
Special Considerations: _____



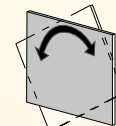
Flat Only



Upright Only



Tilt



Rotate

LIFTER SPEED

Cycle Requirements (Maximum Allowable Time)

Apply: _____, Release: _____, Lifts Per Hour: _____

Tilt: _____, Rotation: _____, Complete Cycle: _____

OPERATING POWER

Self Contained: Manual / Mechanical Pump

Outside Power: 12 VDC: charger input: volts:____, hertz:____, phase:____,

AC: volts:____, hertz:____, phase:____,

Air: Available Airflow: _____ cfm _____ l./min.
 Available Pressure: _____ psi _____ kPa

APPLICATION

(Note obstructions, motions, distances, type of hoisting equipment, shifts per day, etc...)

CURVED OR BENT MATERIAL SPECIFICATIONS

(Measurements taken from the Concave or Convex surface. Please note which side the measurements are taken from.)

CURVATURE

Radius: _____ in/mm

WIDTH

Cord: _____ in/mm - or -

Arc Length (girth): _____ in/mm - or -

Arc Height: _____ in/mm

Arc Angle: _____ deg

LENGTH

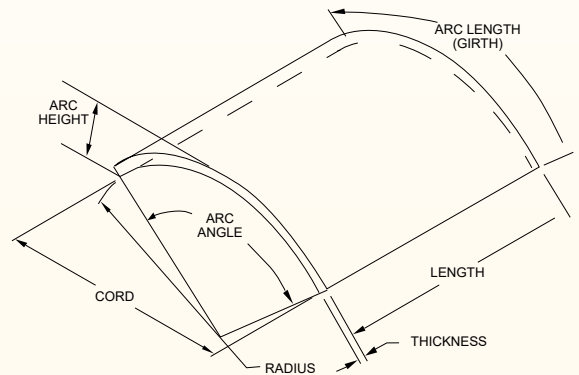
Length: _____ in/mm

THICKNESS (thickness of individual panes and of air gap, if applicable)

Material Thickness: _____ in/mm

Air Gap Thickness: _____ in/mm

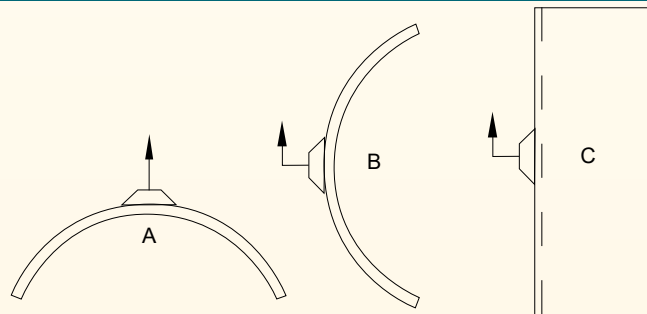
Total Thickness: _____ in/mm



LOAD ORIENTATION AND MOVEMENT

(CHECK ALL THAT APPLY)

- A) A to A (no change in orientation during lift)
- B) B to B (no change in orientation during lift)
- C) C to C (no change in orientation during lift)
- D) Rotate: B to C
- E) Tilt: B to A
- F) Tilt: C to A



SIDE OF VACUUM PAD ATTACHMENT

- A) Convex Side
- B) Concave Side

