Dings magnetic group

Overhead Stationary Electromagnet Quote Request

Company:			Quote Required Date:				
Address:			Contact Person:				
City, State, ZIP:			Contact Email:				
Phone/Cell:			Email Completed RFQ to: magsales@dingsco.com				
Date Equipment Require	ed by:						
Application Inform	ation						
Application:							
Type of Material Being Co	onveyed:						
Belt Width: inches		Belt Speed:	fpm	Belt Capa	elt Capacity:tph		
Bulk Density: lbs/ft ³		Max Lump Size: _	inches	Max. Burd	x. Burden Depth: inches ^(b)		
Requested Magnet Suspension Height:		inches ^(a)		Trough De	ugh Depth (if known): inches ^{(b}		
Conveyor Inclined?	Yes No	Inclined:	° degrees				
Trough Idlers:	0° degrees	20° degrees	35° degrees	45° de	45° degrees ^(b)		
Supply Requirements:	Volts:		Phase:	_ Cycles	Per Second (H	Hz):	
Description of magnetDescription of Largest & Smallestsuspension height.Size of Metal to be Removed:							
				(no id			
Overhead Mountin	g Selection						
Overhead Mounting Selection: Over Conveyor Over Head Pulley		*Over the conveyor mounted *Over head pulle		*Over head pulley	head pulley mounted		
Overhead Magnet Options Rectifier Options							
Dust Cover		Hazaradous Locatio			*Note: Electromag Rectifier for Rectifier:		
4-Point Suspension System *Stationary Model Only		CSA Approved Model		laei	Yes:	No:	

Special Requirements:

a)

Call us for Expert Support of Dings Co. Equipment - Regardless of its Age

ETL Listed Model

Hazardous Location