



Dings magnetic group

Overhead Stationary Permanent Magnet 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 Required by: _____

Application Information

Application: _____

Type of Material Being Conveyed: _____

Belt Width: _____ inches Belt Speed: _____ fpm Belt Capacity: _____ tph

Bulk Density: _____ lbs/ft³ Max Lump Size: _____ inches Max. Burden Depth: _____ inches ^(b)

Requested Magnet Suspension Height: _____ inches ^(a) Trough Depth (if known): _____ inches ^(b)

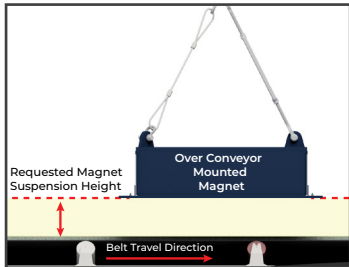
Conveyor Inclined? Yes No Inclined: _____ ° degrees

Trough Idlers: 0° degrees 20° degrees 35° degrees 45° degrees ^(b)

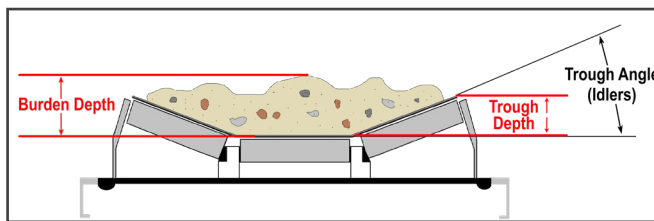
Supply Requirements: Volts: _____ Phase: _____ Cycles Per Second (Hz): _____

Description of Largest & Smallest Size of Metal to be Removed: _____

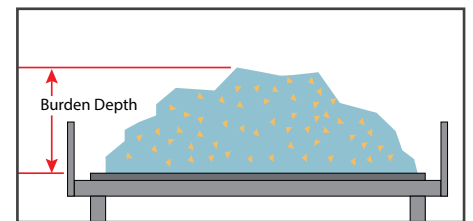
a) Description of magnet suspension height.



b) Description burden depth for troughed belt (idler angle and trough depth indicated).



b) Description of burden depth for flat belts (no idler angle/trough depth entries needed)



Overhead Magnet Options

Hazardous Location

Dust Cover

CSA Approved Model

4-Point Suspension System

Special Requirements: _____