

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: _____ ***You Must Select One to Print: Imperial Metric**

Application Information

Application: _____

Type of Material Being Conveyed: _____

Belt Width: _____ Belt Speed: _____ Belt Capacity: _____

Bulk Density: _____ Max Lump Size: _____ Max. Burden Depth: _____ (b)

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

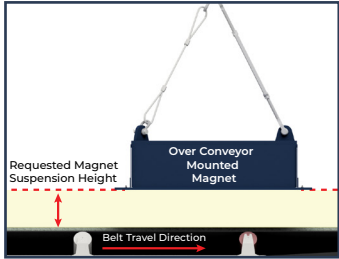
Conveyor Inclined? Yes No Inclined: _____ ° degrees

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

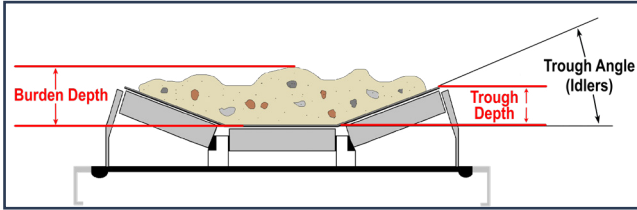
Supply Requirements: Volts: _____ Phase: _____ Cycles Per Second (Hz): _____

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

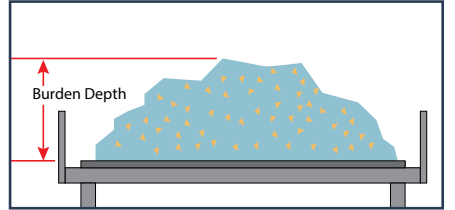
a) Description of magnet suspension height.



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



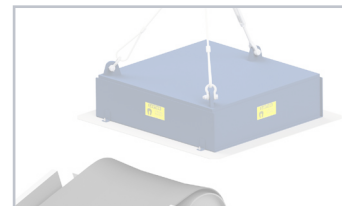
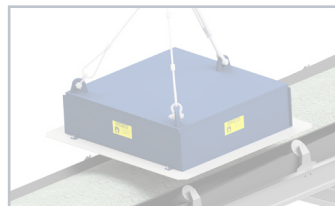
b) Description of burden depth for flat belts (no idler angle/trough depth entries needed)



Overhead Mounting Selection

Overhead Mounting Selection:

- Over Conveyor
- Over Head Pulley



Overhead Magnet Options

- Hazardous Location
- CSA Approved Model
- 4-Point Suspension System
- Dust Cover

Special Requirements: _____