

GENERAL APPLICATIONS FORM

BARRY CONTROLS SHOCK AND VIBRATION APPLICATION WORKSHEET

Name _____

Title _____

Company _____

Address _____

City _____ State _____

Zip _____ Mail Stop _____

Phone _____ FAX _____

Date reply required _____

Equipment Weight _____

Number of Mounting Locations _____

Max. Mount Size _____

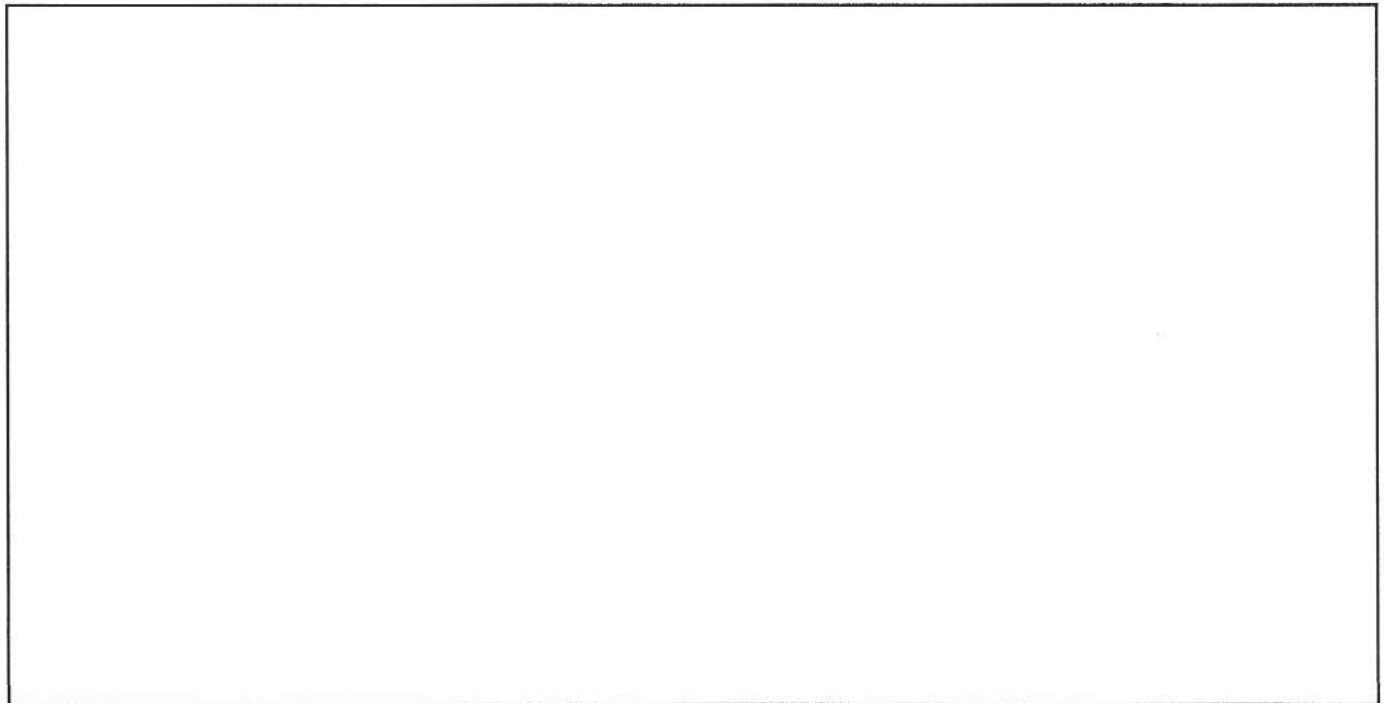
Sway Space Limitation _____

Vibration Inputs (if applicable)
(OP _____ NON OP _____)
(_____)

Fragility Level _____

Temperature Range _____ to _____

Provide sketch of equipment, including relevant dimensions, CG location, and mounting locations. Use additional sheets if needed.



Describe application (nature of equipment, problems, particular requirements, applicable specifications, etc.)



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