

Moog Components Group Slip Ring Application Form

Date _____ Salesperson _____
Please supply as much accurate information as possible about your requirements to assist our Engineering and Sales staff in assessing the best possible solution to your application.

COMPANY INFORMATION:

Company Name _____

Contact _____

Address _____

- Buyer
 Engineer
 Other _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

- 1) Description of Application: _____

- Commercial
 Military
 Industrial
 Other _____

- 2) Type of Slip Ring: Capsule Separate Brush Block Other _____
 Separate Slip Ring Poly-Twist for ±) _____

- 3) This Application is: New Retrofit/Replacement

Current Supplier: _____ Part Number _____

- 4) Estimated Annual Usage: _____ Price Target _____

Production Start Date _____ Estimated Life of Program _____

Tooling \$ Available: _____

- 5) Size Constraints- Mechanical and additional requirements (i.e. resolver,motor, hydraulics,pneumatics,optical channel, etc):

