

APPLICATION EVALUATION — ROLL LIFTERS

Please specify the desired model number: _____

ROLL INFORMATION:

Minimum: Length _____ Diameter _____ Weight _____

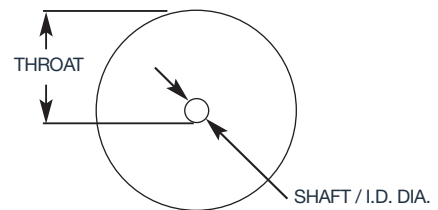
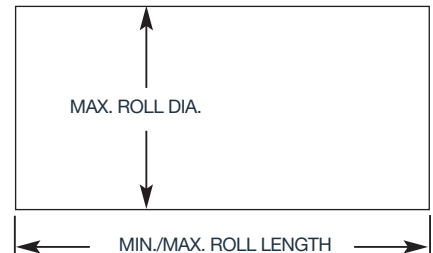
Maximum: Length _____ Diameter _____ Weight _____

SHAFT / I.D. INFORMATION:

Minimum: Length _____ Diameter _____

Maximum: Length _____ Diameter _____

Any clearance requirements: i.e., headroom, machinery obstructions, etc.



J-HOOK INFORMATION

Is shaft turning when roll is lifted: Yes No

Hook style: Pivoting Fixed

POWER REQUIREMENTS (FOR MOTORIZED UNITS)

DC AC Voltage _____ Phase _____ Cycle _____

Additional application information or option requirements:

Contact: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

