

Company Name: _____
 Street: _____
 City: _____ Province: _____
 Country: _____ Postal Code: _____

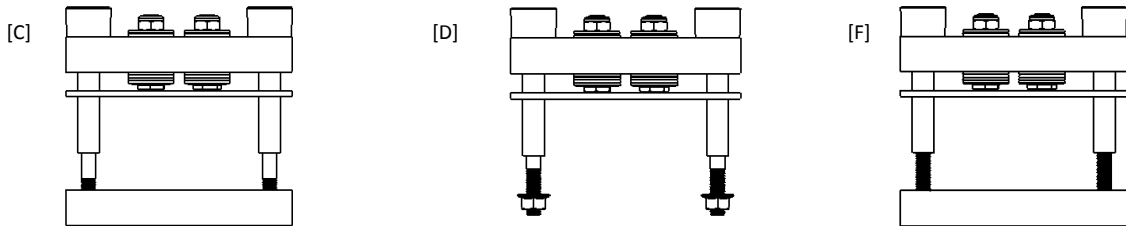
 Contact Name: _____
 Telephone: _____
 Fax: _____
 Email: _____

Device Information

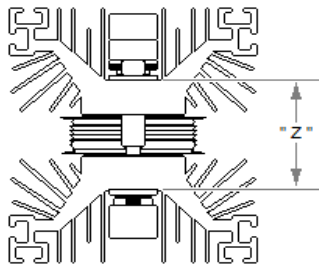
 SCR or Diode Part Number: _____ Heatsink Type: _____
 Device Manufacturer: _____ Heatsink Manufacturer: _____
 Current Clamp Part Number Used: _____ Annual Usage: _____
 Current Clamp Manufacturer: _____

Clamp Information

Clamp Style



Clamp Dimensions



"Z" Dimension	_____ in	_____ mm
Bolt Centres	_____ in	_____ mm
Mounting Force	_____ lbs	_____ kN
Device Height	_____ in	_____ mm
Flange Domensions	_____ in	_____ mm

 Clamp Style Preferred C D F
Additional Information

