

Company Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

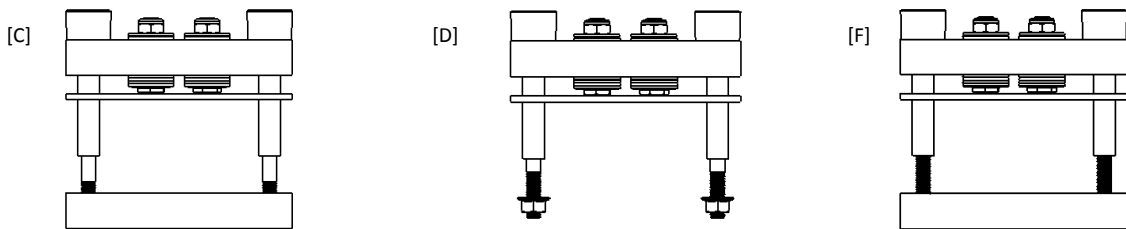
 Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Device Information**

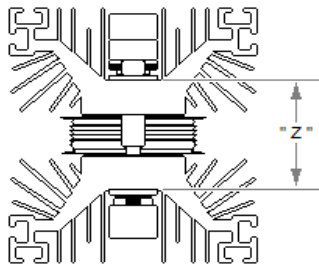
 SCR or Diode Part Number: \_\_\_\_\_ Heatsink Type: \_\_\_\_\_  
 Device Manufacturer: \_\_\_\_\_ Heatsink Manufacturer: \_\_\_\_\_  
 Current Clamp Part Number Used: \_\_\_\_\_ Annual Usage: \_\_\_\_\_  
 Current Clamp Manufacturer: \_\_\_\_\_

**Clamp Information**

Clamp Style



Clamp Dimensions



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

 Clamp Style Preferred      C       D       F 
**Additional Information**

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_