DYNATECT®
DYNAMIC EQUIPMENT PROTECTION

QUOTE REQUEST FORM

# REPLACEMENT COVERS – TELAFLEX® | QUOTE REQUEST FORM

Date Needed By _____
Company Name _____
Contact _____
Quantity _____

Address _____
City _____ State/Prov. _____
Country _____ Zip/Postal Code _____
Telephone _____ Fax _____
Email _____

Note: The following design information helps us provide you with a budgetary estimate for a replacement cover. Please include photographs of your existing cover when sending in your request, especially the inside of the cover.

## 1. Machine Information

Machine Make: _____ Machine Model & Number: _____

Machine Axis: ☐X ☐Y ☐Z ☐Other _____

Type of Way, e.g. Linear Rail: _____ Cover Brand*: ☐Dynatect®/Gortite® ☐Other _____

*If you are replacing a Dynatect or Gortite brand cover, let us first look up your design by the cover part number. Cover Part Number: _____

Cover Orientation: ☐Horizontal ☐Vertical ☐Crossrail ☐Between column and table

Do you have any concerns or are you experiencing any issues with your current cover? _____

_____

## 2. Operating Environment

☐Dry ☐Grinding ☐Hot Chips ☐Aluminum Swarf ☐Heavy Coolant ☐Other (describe) _____

Working Temperature:_____ ☐°F ☐°C Maximum Travel Speed: _____ (indicate unit of measurement)

Acceleration: _____ (indicate unit of measurement) Number of cycles: per 8 hrs _____ per 16 hrs _____ per 24 hrs _____

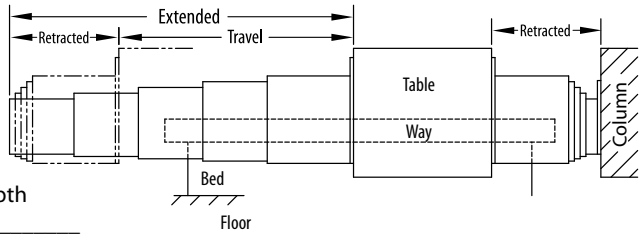
Are the Ways Hardened? ☐Yes ☐No (Helps determined suitable bearings)

## 3. Extended/Retracted/Travel Requirements

Dimensions specified in: ☐in ☐mm

Retracted Length: _____ (required)
Travel Distance: _____
Extended Length: _____

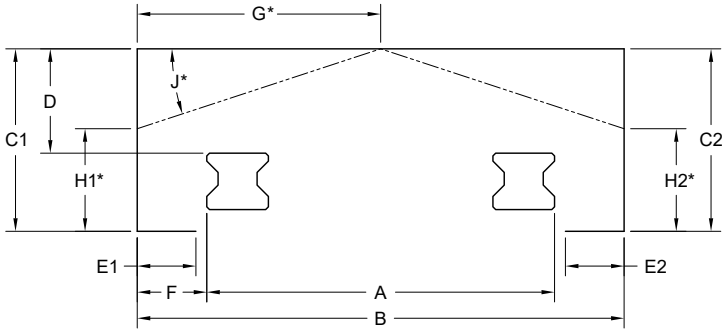
If cover to be replaced is very damaged, we'll need the depth of the largest box to help determine retracted space: _____




## 4. Cover Dimensions and Shape

Dimensions specified in: ☐in ☐mm

A Width of Bed/Way: _____
B Width of Cover (largest box): _____
C Height of Cover (largest box) C1: _____ C2: _____
D Height of Cover Above Way: _____
E Wrap-around Length: E1 _____ E2 _____
F Left Side (largest box) to Bed/Way _____
G Left Side to Peak (largest box) _____
H Height of Side to Bend (largest box) H1: _____ H2: _____
J Angle of Cover (if peaked) _____
Number of Boxes/Sections: _____




* G, H1, H2, & J ONLY REQUIRED ON PEAK STYLE COVERS

☐Box Leg, Straight ☐Box Leg, Side Wrap

**Phone: 262-786-1500 or 800-298-2066 | Fax: 262-786-3280 | Email: sales@dynatect.com | www.dynatect.com**

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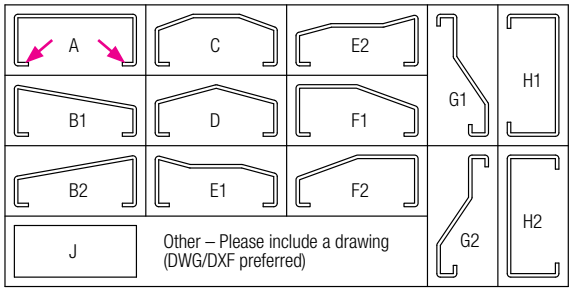
### 4. Cover Dimensions and Shape (cont'd.)

Choose the profile which matches the existing cover the closest.

Wraps shown in examples are optional:

☐ no wraps ☐ wraps (optional)

☐ A ☐ B1 ☐ B2 ☐ C ☐ D ☐ E1 ☐ E2
☐ F1 ☐ F2 ☐ G1 ☐ G2 ☐ H1 ☐ H2 ☐ J (other)




### 5. Cover Options and Accessories

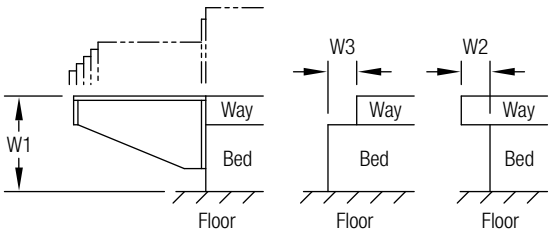
Material: _____ e.g. 12GA - 14 GA steel typical

Wiper Type: ☐ Elastomer Wiper: Screwed in? ☐ Yes ☐ No
☐ Brass: Spot-welded? ☐ Yes ☐ No

Side Brass: ☐ Yes ☐ No Side Wipers: ☐ Yes ☐ No

Please check the options you require:

☐ Lift Lugs ☐ Scissors _____ (how many?)
☐ Nylon Riders ☐ Brass Riders
☐ Bearing Rollers ☐ Bumpers
☐ Tread Plate ☐ Inspection Door
☐ Extension Brackets:
(W1) Top of Ways to Floor: _____
(W2) Way Extends Beyond Bed: _____
(W3) Way Ends Before Bed: _____



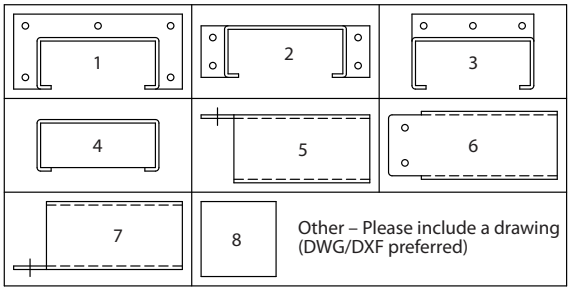

### 6. Mounting Configuration

Must select configuration for both ends.
Mounting holes not supplied unless specified.

Large Box: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 (other)

Small Box: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 (other)

Mounting of Cover: ☐ Slide-On ☐ Place-On

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