**TELESCOPIC CYLINDER APPLICATION DATA FORM**

Cylinder application ________________________________

Single - or Double-acting __________________________ System operating pressure  Normal ____ Max. ____

O.D. of body ________________________________ Is there a relief valve in system ______ Setting ______

O.D. largest moving stage __________________________ System flow in G.P.M.  Min. ____ Max. ____

Number of moving stages __________________________ System operating temp.  Normal ____ Max. ____

Chrome or non-chrome stages __________________________ Fluid type __________________________

Mounting conditions __Vert. __Horz. __Incline angle Load holding requirements __________________

Any side or eccentric loading possible __________ Environmental condition __________________

A : Total stroke __________________________ J : Plunger pin to trunnion C/L (if applicable) __________

B : Closed length __________________________ K : Trunnion overall width __________________________

C : Open length __________________________ L : Trunnion lug diameters __________________________

D : Base mount type or code __________________________ M : Trunnion lug lengths __________________________

E : Base pin diameter __________________________ N : Plunger pin to stage support (if applicable) __________

F : Base mount width __________________________ O : Stage support width __________________________

G : Plunger mount type or code __________________________ P : Stage support thickness __________________________

H : Plunger pin diameter __________________________ Q : Stage support bolt & thread size __________________________

I : Plunger mount width __________________________ R : Stage support bolt locations & C/L’s __________________________

Special mounting (if applicable) __________________________

Extend port size and type __________________________ Extend port location __________________________

Retract port size and type __________________________ Retract port location __________________________

Special features or comments __________________________

Requested by: Firm __________________________ Current Quan. __________________________

Address __________________________ State ____ Zip ______

City __________________________ Fax __________________________

Phone __________________________ Contact __________________________