

Application Information

Note: Copy this page and fill in the information to assure expedient handling of your application at LAFCO



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FAX: 514 327-7625
info@lafco.ca

Date _____ E-Mail _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

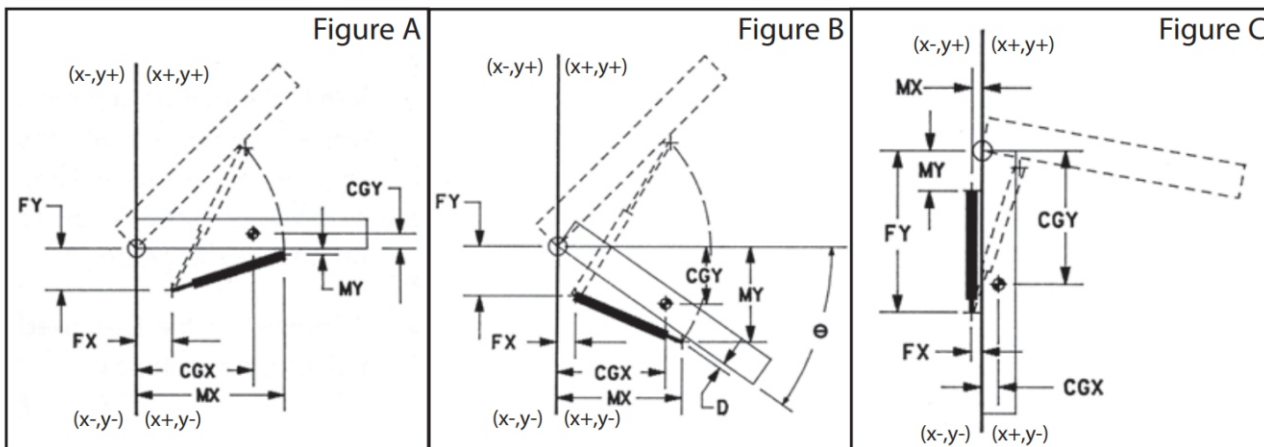
Phone _____ Fax _____

Expected Annual Usage: _____

Application Description _____

Our Application would be best described by type:

A B C



To expedite this design, please provide all possible dimensions (in millimeters)

Performance Characteristics

Performance Characteristics

Opening angle _____°

Self Rising

Self Rising after _____° lift. (15-30° standard)

Is the cover latched or locked? (Y / N)

Preferred Mounting Method:

Ball Socket _____

Clevis Eye _____

Currently using gas cylinders? (Y / N)

Manufacturer _____

Part Number _____

Weight of lid/door _____ (Lbs/Kg)

Number of cylinders per lid/door _____

All dimensions are from Pivot Center Line

With lid in closed position. Circle correct sign of dimension.

Fx[±] _____ Fy[±] _____ Mx[±] _____ My[±] _____ CGx[±] _____ CGy[±] _____

Distance from hinge to handle _____

-----Type B Application only-----

θ = Angle from horizontal _____

D = Distance from mounting surface _____

T = Thickness of lid or door _____

Please include a cross sectional sketch noting any mounting restrictions.

SUSPA application simulation reports are provided for reference only.

Correct incorporation and use of SUSPA provided gas cylinders or dampers is the sole responsibility of the user. Lack of proper information may delay processing of design.