

FlexGun™ 3 Application Form

Customer Information

Contact Name

Company

Phone

Email

End User

Program Name

Application Type Equalizing Unit Required Robot Mount on Dual Ped or Side Kick **Dual Ped** Top Yes No Robot LH Ped Servo RH

OHMA Electrode Details Rear

FX Female Bottom

Male Robot Type/ Model

Nose Type Robot Payload (kg) Α

Bracket Insulation В

Other Yes No

Specify **For Fanuc Controller** Robot Controller **Transformer #** 40 amps

Software 80 amps **MFDC** Version

Servo Actuator Adaptive Robifix CenterLine Yes Nο

Multicontact Diakont/Kinegge Force Feedback

Plant Voltage Yes **Tolomatic**

> **Water Hose Colour Port Quantity**

Water In **Port Size**

Water Out **Cooling Circuit Manifold**

If not specified, CenterLine standard Parallel Aluminum colours (Green In / Black Out) will be used. Series/Parallel **Brass**

Metal Specs/Type

Stackup Metal Types

Duty Cycle & Weld Schedule

Number of Welds / min.

Hardwired

Number of Long Strokes / min. (Full

gun opening)

Number of Short Strokes / min.

(Partial gun opening)

Max Weld Force

Max. Weld Current

Weld Time (ms)

Total Squeeze (hold) Time (Weld,

Cool, Hold)

Comments:

Note: Customer supplied or CenterLine weld schedule. If not specified, CenterLine weld schedule will be used.



