

**24 HOUR SERVICE
CALL TOLL FREE 1-800-982-3390**

501 Bark Street • Harvey, LA 70058
504-367-8880
Fax 504-367-8960

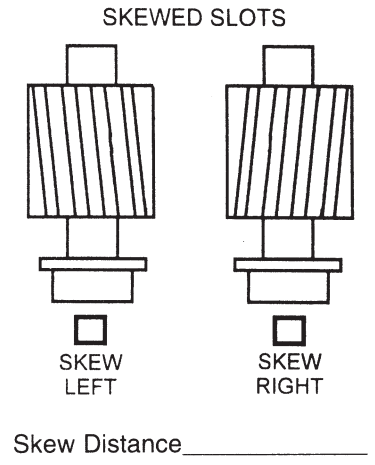
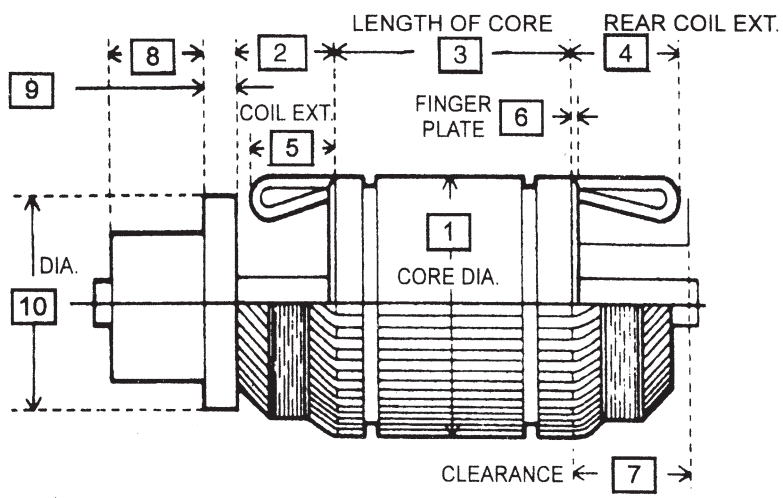
JOB # _____
S.T. _____
O.T. _____

ARMATURE COIL

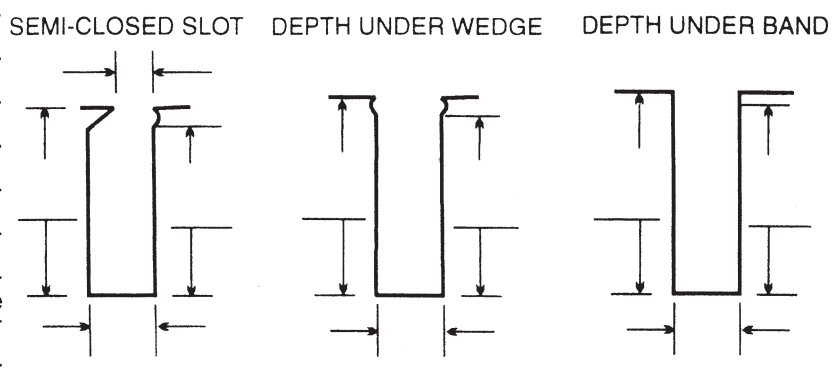
NAME: _____

CUSTOMER NAME: _____ MFG. _____ H.P./K.W. _____
 ADDRESS: _____ R.P.M. _____ FRAME _____
 CITY: _____ VOLTS _____ AMPS _____
 STATE: _____ ZIP: _____ MODEL _____
 TEL. NO. _____ TYPE _____ STYLE _____
 P.O. NO. _____ DATE: _____ S/N _____

1. Core Dia _____
2. Iron to Riser _____
3. Length of Core _____
4. Rear Coil Ext. _____
5. Front Coil Ext. _____
6. Finger Plate _____
7. Clearance _____
8. Brush Surface _____
9. Riser Width _____
10. Riser Dia. _____



No. Slots _____
 No. Bars _____
 Coil span 1 and _____
 Turn per coil _____
 Coils per slot () _____
 Wave or Lap
 Right or Left top coil facing "com" end _____
 Leads Bare Tin
 Wire Size _____ x _____ on Flat or Edge
 Strand Insulation _____
 No. Wires in hand () Wide x High
 No. Equalizers _____
 Equalizer Wire Size _____
 Type Ins. Cured V.P.I.
 Riser Type: solid _____ flexible _____
 Weight per coil _____
 Slot paper: yes / no _____ Size _____
 Swedged Leads Yes or No _____ Wide x High
 No. arm coils with drop leads _____
 Transposition: Yes or No _____



INDICATE ALL SLOT WIDTHS IN THOUSANDTHS OF AN INCH
 INDICATE TOTAL DEPTH AND DEPTH UNDER WEDGE OR BAND IN HUNDREDTHS

REMARKS : _____

