

Questioner for belt driven generator- and air compressor-systems

➤ Company data:

Company:	Contact person:
Street / No.	Telephone:
ZIP-Code / City:	e-mail:
Country:	Customer-No.

➤ Vehicle data:

Manufacturer:		Model:	Year of Production:
Tonnage:	t	Vehicle body:	
Steering wheel: <input type="checkbox"/> right <input type="checkbox"/> left		All wheel drive: <input type="checkbox"/> yes <input type="checkbox"/> no	
Engine power:	kW	Emission class:	€
Engine displacement:	ccm	wheelbase:	mm
Tank capacity:	Liter	overhang:	mm
Outlet exhaust pipe (rear):	fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline		
Number of cylinders!:	<input type="checkbox"/> Gas (monovalent) <input type="checkbox"/> Gas(bivalent)		
Gearbox: <input type="checkbox"/> Stick <input type="checkbox"/> Automatic	Manufacturer speed control: <input type="checkbox"/> yes <input type="checkbox"/> no		
	Or pre-armament: <input type="checkbox"/> yes <input type="checkbox"/> no		
VIN – Number:		Gear unit designation (manufacturer):	
Further use of the vehicle:		Order vehicle codes:	
Remarks:	Commission:		

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➤ Generator System:

Voltage: <input type="checkbox"/> 14V <input type="checkbox"/> 28V <input type="checkbox"/> 230V <input type="checkbox"/> 400V		Required electric power:	kW
Current with 14 V and 28 V:	A	Frequency:	Hz
28V system: Preparation for Alpha-Thermostat / Mastervolt: <input type="checkbox"/> yes <input type="checkbox"/> no			
Battery type: <input type="checkbox"/> LiFePO4 <input type="checkbox"/> Lead <input type="checkbox"/> AGM <input type="checkbox"/>		Battery voltage	V
El. Power during vehicle operation <input type="checkbox"/> yes <input type="checkbox"/> no		El. Power vehicle operation:	kW
Max. engine speed:			rpm
Cut out engine speed:			rpm
rated electrical power at engine idling speed: <input type="checkbox"/> yes <input type="checkbox"/> no			
Power box Switch position on/off: power box position: Fire-CAN bus: <input type="checkbox"/> yes <input type="checkbox"/> no Required IP-Class: <input type="checkbox"/> yes <input type="checkbox"/> no			
Country of deployment:		Vehicle purpose:	
Remarks:			

➤ Air compressor system:

Nominal air volume:	l/min	Nominal air pressure:	barg
Site of installation: <input type="checkbox"/> in the vehicle <input type="checkbox"/> under the vehicle <input type="checkbox"/>			
Material pressure tank: <input type="checkbox"/> yes <input type="checkbox"/> no		Air Maintenance Unit: <input type="checkbox"/> yes <input type="checkbox"/> no	
Required storage volume:			liter
Required connections:		Purpose:	
Remarks:			

➤ Scope of offer

Number of vehicles:	Installation by Fa. Martin: <input type="checkbox"/> yes <input type="checkbox"/> no
Pick-up service: <input type="checkbox"/> yes <input type="checkbox"/> no	Electrical installation by Fa. Martin: <input type="checkbox"/> yes <input type="checkbox"/> no
Date of inquiry:	Planned date of execution:
Remarks:	