

RETROFIT TEAM retrofits@Lantech.com

RETROFIT APPLICATION DATA FORM

Date:	Customer Name:				
Distributor Name:	Contact:				
Contact name:	Address:				
Location:	Phone #:				
Phone #:	Fax #:				
Fax#:	Email:				
Email:					
Machine Serial # (required)					
Has the machine been retrofitted in the past?	NO				
If yes, please describe:					
Description of Retrofit Requirement:					
Expectation of machine operation after installation of retrofit:					
Will you need instruction on how to install the retrofit?	YES NO				
If yes, will you need step by step detailed instructions or a general overview of how the installation should take place? Step by step General Overview					



STAND-A-LONE OPTIONS Example: Top Sheet Dispenser, Film Sealer, Top Platen)

Voltage requested?	Conveyor RPM requested?
Pass height requested?	What is the PLC of the Host machine?
Ceiling height?	Minimum load size?
Electrical or Mechanical hoist?	Maximum load size?

INFO REQUIRED FOR CONVEYOR REQUESTS

Length	Eff Width	Pass H	Pass Height		Roller Spacing		Location	

Load will be conveyed on:		Load v	veight:
Pallet:	Slip Sheet:	No Substrate:	Pallet Type:
Postal Pallet:	Pallet 8	& Slipsheet:	Other:
Bottom boards or	n pallets will be:		
Perpendicular	with conveyor rollers	Parallel with rolle	ers
		# of bottom board Width of each:	ds:
OTHER REQUIR Are Logic/HMI modifications of the current of the cu	ations needed: YES	NO UNSURE	not be processed without this information.
Paint color: STD	Lantech Blue Other - Pa	aint Chip or RAL # Required	cale/Labeler) Please describe.