

Note: Items marked with * are mandatory fields.

Full Voltage Starter Check List

*Requestor Name:	* <u>Date Submitted</u> :
*Requestor Phone:	*Requestor Email:
*Project Name and/or End-User:	
*Contact Name: *Pho	ne Number:
*Email:	
<u>*Project Type:</u> □Budgetary □Funde	d Est. Installation Timeframe:
*Specifications:	petitors:
Motor Info: *Motor Type (select one): □ Induction Note: For synchronous & wound rotor applica	·
*Horsepower: *Voltage:	Full Load Amps:
*Application Data: □Non-Reversing	
□Reversing	
□Wye Delta - Select One: □ Open Transiti	on □ Closed Transition
□Part Winding – How are the windings split?	
*Disconnect Type: □Non-combination (no disconnecting means)	
□Circuit Breaker (standard) – Select One: □	Rotary (standard) □ Flange
□ Disconnect Switch – Select One: □ Fusib	le □Non-Fused

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*Enclosure Ra	<u>iting:</u>					
□NEMA 1	□NEMA 12 (standard)	□NEMA 3R		□NEMA 4 (Painted steel)	□Other: (please specify)	
	(Staridard)			(i airited steel)	(piease specify)	
*Synchronous Motor Data: (required only for synchronous motors)						
Normal Field C	urrent:	(ADC)	Max.	Field Current:	(ADC)	
Field Discharge	e Resistor Rating:	(Ω)	Sync	Motor Field Voltage:	(VDC)	
*Wound Rotor Motor Data: (required only for wound rotor motors)						
Wound Rotor N	/lotor: ☐ Starting D	Outy Resistor		☐ Continuous (Run	ning) Duty Resistor	
Quantity of step	os/resistance:		Prese	ent number of steps:		
Secondary Vol	tage: (VA0	C)	Seco	ndary Current:	(Amps)	
Specify any additional details of current system and requirements below.						
Additional Modifications, Accessories and/or Information:						

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