

Project Name _____ SO # _____ PO# _____ Fixture Type _____

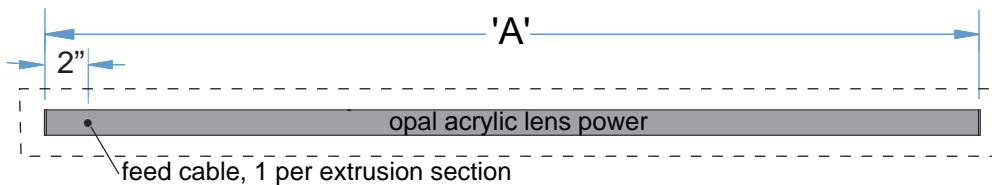
System	Qty.	'A'
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
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10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

Customer Approval Company _____

Approved Signature _____

Approved with corrections noted Print Name _____

Revise and Resubmit Date _____



Note:
 Power feed is required for each extrusion section.
 Refer to page 2 for wiring diagrams and additional information to layout a typical linear system.