

POWER TRANSFORMER

Design Input Form

Contact Information	1					
First Name *			Last Name *			
Company Name *						
Street Address			City	State		Zip
Email *			Phone Number	*		
			There is a second		_	
Product Information	1	1 1		1		
Power Rating *	Frequency *	(Hz) Way	eform			
(VA)	(volts)	I I	(volts)	(volts)		
Number of Primaries *	Input Voltages - Primary 1	Input Voltag		out Voltages - Tap		
(VA)	(vol	ts)	(volts)	(volts	s)	(volts)
Number of Secondaries *	Output Voltages - Secondar	y 1 Output Volta	ges - Secondary 2 Ou	tput Voltages - Secondary 3	3 Output Vo	Itages - Secondary 4
	Output Current - Secondary		(Amps) ent - Secondary 2 Ou	(Amps		(Amps)
1	1	(°C)				
Turns Ratio	Operating Temperatu					
	Vac	Vdc	(seconds	s)		
HIPOT		Dura	ation			
Preferred Core Geometry	El Lamination	Ferrite E Core	Ferrite Toroid	Mounting	Thru-Hole	Surface Mount
(select one)	Power Core Toroid	Other		(select one)	Bracket	Other
Quantities to Quote						
Quantities to Quote						
Additional Comments/Information	on:					



7426A Tanner Parkway Arcade, NY 14009 Please submit all Spec and/or Diagram drawings with this form to: inquirybw@butlerwinding.com



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