

# CURRENT TRANSFORMER

## Design Input Form

### Contact Information

<input type="text"/>		<input type="text"/>	
First Name *		Last Name *	
<input type="text"/>			
Company Name *			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>		
Email *	Phone Number *		

### Product Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	
(Amps)	(VA)	(Hz)	
Max Primary Current	VA Rating *	Operating Frequency	
Output Type <i>(select one)</i>	Current	Voltage	
	<input type="text"/>	<input type="text"/>	
	(Amps)	(Volts)	
	Secondary Current	Secondary Voltage	
	<input type="text"/>	<input type="text"/>	
	Turns Ratio (eg: Ip / Is)	Burden Resistance	
		(Ω)	
<input type="text"/>	Vac	Vdc	<input type="text"/>
HIPOT			(seconds)
			Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wire Leads	Length	Terminals	Required Finished Dimensions
Select Core Type	Split	Toroid	Rectangular
<i>(select one)</i>			
<input type="text"/>			
Quantities to Quote			

Additional Comments/Information: