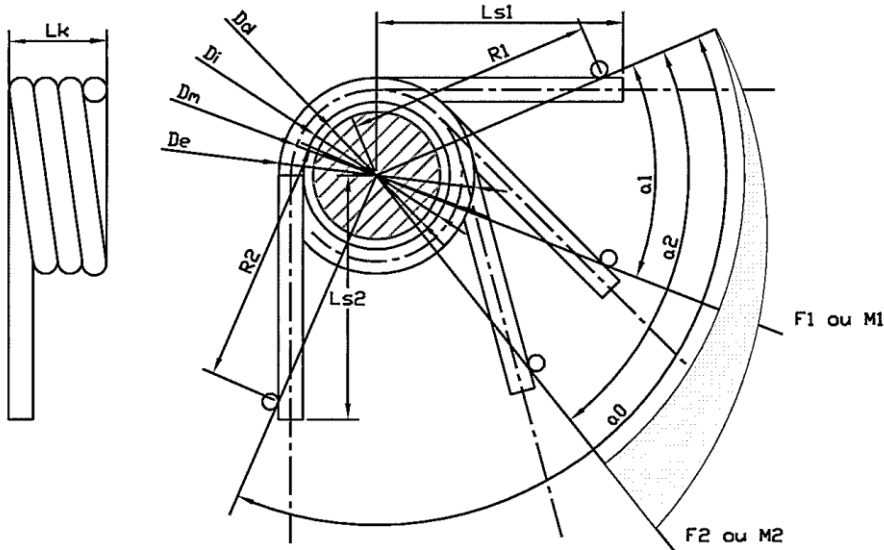


**RESSORTS DURY : Torsion Spring Form**  
 Please fill in the form below and send it to us by  
 Fax : 0033 5 55 89 69 01 or E-mail: [contact@ressorts-dury.fr](mailto:contact@ressorts-dury.fr)

Date :

<b>Company:</b>	<b>Contact:</b>
<b>Address:</b>	
<b>Post code/Town:</b>	
<b>Tel :</b>	<b>Fax:</b>
<b>E-mail:</b>	



Data (mm) and Production tolerances	Hole dimensions:
Loads F1 and F2 in : <input type="checkbox"/> daN <input type="checkbox"/> N <input type="checkbox"/> Kg M: Torque in: <input type="checkbox"/> daN.mm <input type="checkbox"/> N.mm <input type="checkbox"/> Kg.mm  a0: Free angle: _____ ( + / - ) a1: Angle 1: _____ Subjected to the load F1 : _____ ( + / - ) M1: Torque 1: _____ ( + / - ) a2: Angle 2: _____ Subjected to the load F2 : _____ ( + / - ) M2: Torque 2: _____ ( + / - )  De: Outside diameter: _____ ( + / - ) Di: Inside diameter: _____ ( + / - ) Dm : Mean diameter : _____ ( + / - ) Lk: Body length: _____ Dd: Shaft diameter: _____  Ls 1: Length of leg 1: _____ Ls 2: Length of leg 2: _____ R1: Length of the lever arm 1: _____ R2: Length of the lever arm 2: _____  Nb. of active coils: _____ Spring rate in Nmm/°: _____	Hole diameter: _____ Hole length: _____ Max angle of setting : _____  <b>The Ends:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  <b>Free angle A0:</b> <input type="checkbox"/> 0° <input type="checkbox"/> 90° <input type="checkbox"/> 180° <input type="checkbox"/> 270° <input type="checkbox"/> Other: _____°

<input type="checkbox"/> Round wire Diam.:	<input type="checkbox"/> Square wire Section:
<b>Joined coils:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>If no, pitch :</b>
<b>Raw material:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Stainless steel Grade:	
<input type="checkbox"/> Other:	
<b>Winding direction:</b> <input type="checkbox"/> Right Hand <input checked="" type="checkbox"/> <input type="checkbox"/> Left hand <input type="checkbox"/> Either	
<b>Surface Treatment:</b> <input type="checkbox"/> Zinc-coated: thickness = <input type="checkbox"/> Shot peening <input type="checkbox"/> Passivated	
<input type="checkbox"/> Metal-cleaning/Passivated <input type="checkbox"/> Lubricated <input type="checkbox"/> Deburring <input type="checkbox"/> Phosphated	
<input type="checkbox"/> Other:	
<b>Specific requirements:</b> (Scratch, streak, prohibited elements...)	
<b>Surroundings:</b> (contact with oil, water...):	
<b>Use Temp. °C:</b>	<b>Expected lifetime:</b>
mini :      maxi :	<b>Frequency:</b> <b>Amplitude:</b>
<b>Quantity:</b>	
<b>Deadline:</b>	<b>Specific packaging:</b>
<b>Spring's function:</b>	
<b>Reference:</b>	<b>Issue:</b> <b>Designation:</b>

**Scheme/Comments:**