

EBG Inquiry Form for High Power Resistors

1. Resistor type: (if already known)	<input type="text"/>	
2. Ohmic value:	<input type="text"/>	R
3. Tolerance:	<input type="text"/>	%
4. TCR: (if requested)	<input type="text"/>	ppm/°C
5. Working load: (rated power)	<input type="text"/>	W
At what heat sink temperature:	<input type="text"/>	°C
6. Pulses:		
a. Shape of pulse	<input type="checkbox"/> square type	<input type="checkbox"/> pulse graph enclosed
		<input type="checkbox"/> e-function type
b. Frequency (how often does pulse occur)	<input type="text"/>	Hz
c. Length of pulse / tau	<input type="text"/>	s
d. Peak voltage or current	<input type="text"/>	V or A
e. Value of capacitor	<input type="text"/>	
7. Insulation tests: (if you need different than our standard performed testing specified in our catalogue data sheets, please subscribe)		
a. Dielectric strength test at	<input type="text"/>	kV
		<input type="checkbox"/> AC <input type="checkbox"/> DC
How long to be tested	<input type="text"/>	s
b. Partial discharge test at	<input type="text"/>	kV
How long to be tested (<10pC)	<input type="text"/>	s
8. Application details:		
a. Single resistor needed <input type="checkbox"/>	Multiples can be used <input type="checkbox"/>	
b. Function of requested resistor: (please select)		
<input type="checkbox"/> Snubber resistor	<input type="checkbox"/> Balancing resistor	<input type="checkbox"/> Chopper (braking) resistor
<input type="checkbox"/> Crowbar resistor	<input type="checkbox"/> Pre-charge resistor	<input type="checkbox"/> Filter cap. discharge resistor
<input type="checkbox"/> Heater resistor	<input type="checkbox"/> DC coupling cap. discharge resistor	<input type="checkbox"/> Filter resistor
<input type="checkbox"/> Others: (please subscribe)	<input type="text"/>	
c. Requested resistor is intended to be used in the following application (please subscribe):		
<input type="checkbox"/> Motor Drive (<input type="checkbox"/> traction <input type="checkbox"/> stationary)	<input type="checkbox"/> HVDC-Energy Transmission	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Medical Instruments	<input type="checkbox"/> Laser	<input type="checkbox"/> Electrical Vehicle
	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Radar
d. Cooling requirement for requested resistor (please select):		
<input type="checkbox"/> Resistor gets mounted onto heat sink	<input type="checkbox"/> Direct cooling of resistor element	
<input type="checkbox"/> No extra cooling available (e.g. ambient air, etc.)		
9. Requested quantity:	<input type="text"/>	pcs
10. Form completed by:	<input type="text"/>	Date: <input type="text"/>