MV CURRENT TRANSFORMERS, INDOOR RESIN ENCAPSULATED

Company: _____ **Date:** _____**Telephone:** _____

Contact Name:_____ **FAX:** _____

Address: _____ **City:** _____**State**____ **ZIP** _____

Application: _____ **Customer P/N:** _____

Quote on: 1 10 25 50 100 500 1000 5000 10000 **Estimated Annual Usage:** _____

Prototype Needed (when): _____ **Production Planned (when):** _____

Current Ratio: : _____

Accuracy Class: _____ **Burden:**_____VA **Frequency:** _____

Dimensional limitation (if any, attach sketch if available) :

System Voltage: = _____Volts **CT Type:** [ ] Metering [ ] Relay [ ] Other _____

Vk: _____

Location: Imag: _____mA@ Vk_____

Standard: [ ] IS 2705, [ ] IEC 60044, [ ] ANSI C57.13, [ ] Other _____

Outer Insulation, specific requirements for resin (type of resin, color, etc.) If any:

Secondary Terminal:

[ ] Brass Terminals (Type)

[ ] Others, please highligtht

Primary Terminal (for wound type):

[ ] Copper bar

[ ] Brass/Copper studs

[ ] Brass/Copper lugs

Mounting Requirement: (Please specify)

Please specify the following Information if available

Primary Type :- **[ ]** Wound **[ ]** Window **[ ]** Bar Type

Turns Ratio : _____ (if different than current ratio)

Continuous Thermal Current = _____ times at _____ temperature or R.F. = _____

Short time Thermal Current Ith = _____ kA for ____ Seconds

Peak Dynamic Current = Ith x ____ times

BIL : _____ kV **Insulation Class :** [ ] A (105 C) [ ] E (120 C) [ ] B (130 C) [ ] F (155 C) [ ] H (180 C)

Application / Intended Use :

Special requirements Viz for Label, color, unusual ambient conditions, unusual exposure climate **(attach sheets)**

Attach sketch / drawing if available