

FOR INTERNAL USE
APPROVED BY _____

fancort Industries, Inc.

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QCP-LFS8

AXIAL SPECIFICATION SHEET

FA NUMBER _____

CUSTOMER _____

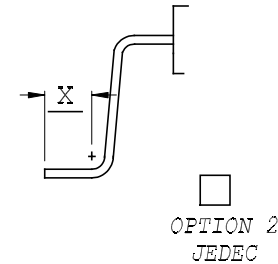
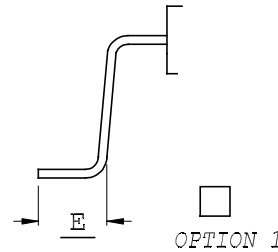
PART NUMBER _____

DATE _____

DRAWN BY FANCORT _____

CHECKED BY _____

FOOT CONFIGURATIONS

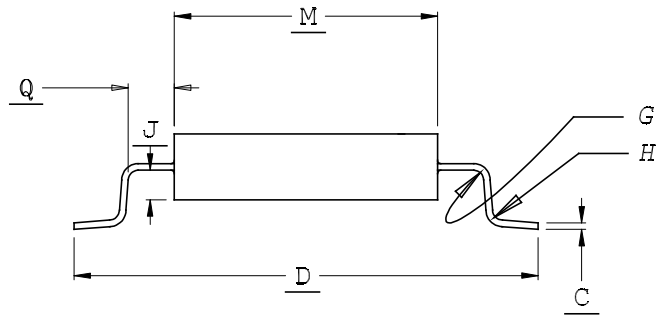


OPTION 1

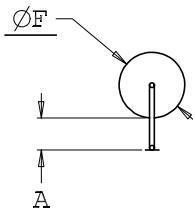
OPTION 2

	REQ'D	+/-
A		
C		
D		
E		
X		
F		
G		
H		
J		
Q		
M		

FRONT VIEW



SIDE VIEW



CUSTOMER SIGNATURE &
DATE FOR ACCEPTANCE _____

CONTROLLING UNITS ARE [METRIC] INCHES

LEADS TINNED YES NO

LEAD TYPE: FLAT

PACKAGE TYPE: METAL

ROUND

CERAMIC

TOE UP 0°-4°

PLASTIC

DOWN 0°-4°

GLASS SEAL