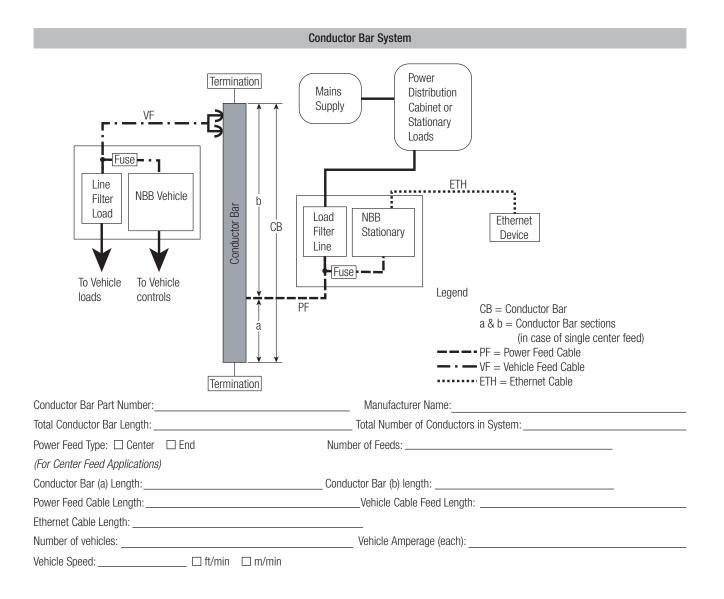




## The following data form must be filled out in order for the system to be designed and perform properly.

Application

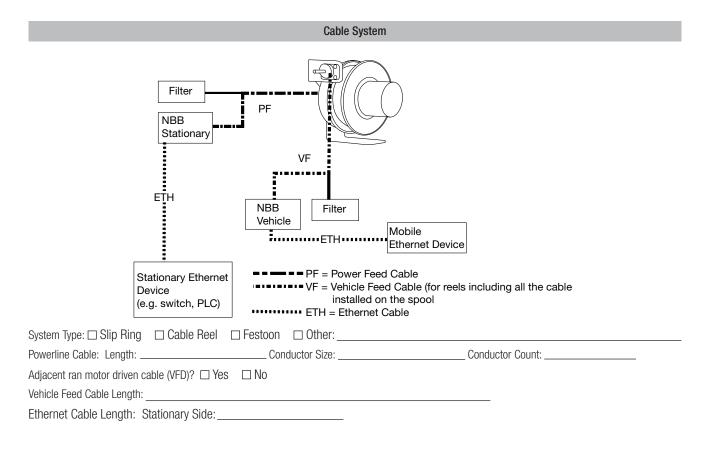
Type of Application: 
Linear 
Closed Loop/Slip Ring 
Other:
Is the System Discontinuous? (e.g. cable jumpers/disconnects, maintenance zone, etc.) 
Yes 
No 
If Yes, explain.



# Application Data Form Nexus BB<sup>™</sup>



The following data form must be filled out in order for the system to be designed and perform properly.



### **Nexus BB Operating Conditions**

Modem Enclosure Location:  Indoor  0	utdoor 🗆 Both			
Ambient Temperature Range: Minimum:	Maximum:	□ °F	D° □	
Voltage: Maximu	m amperage:	AC		
AC Configuration: $\Box$ 1PH (L, N, G) $\Box$ 3PH (L1, L2, L3, G) $\Box$ 3PH (L1, L2, L3, N, G) $\Box$ 0ther (explain):				
DC Configuration: is there a Continuous PE G				

Stationary and vehicle powerline cable always powered? 
 Yes No

# Application Data Form



# The following data form must be filled out in order for the system to be designed and perform properly.

Nexus BB Installation Questions		
Where is the stationary modem being installed in relation to the control cabinet? □ Inside Master Control Cabinet □ Inside separate junction box □ Other:		
Where is the mobile modem being installed on the vehicle? □ Inside Vehicle Control Cabinet □ Inside separate junction box □ Other:		
Nexus BB modem installed near high EMI sources? (e.g. motor-drives, etc.) 🛛 Yes 🖓 No		
If yes, explain:		

Communication			
Protocol:  Ethernet/IP  ProfiNET  TCP/IP  Video  VOIP  EtherCAT  Other:			
Estimated data rate: Mbps.			
Are encoder signals sent over Nexus BB in the application? $\Box$ Yes $\Box$ No			
Are synchronized motion control protocols required to pass through Nexus BB? (e.g., ProfiNET IRT, Sync CIP) 🛛 Yes 🖓 No			
Required cycle time: ms. (Conductix-Wampfler supports cycle times of 64ms, with a minimum of 3 retries or greater.)			
Maximum Allowed: Latency: ms. (average is 3-5ms.) Jitter:ms. (average is 20-30ms.)			
Are other Nexus BB systems installed in the facility? $\Box$ Yes $\Box$ No $\:$ If yes, how many:			
Explain:			

Contact Information		
Request Date Sales	Person	
Company Contac	t	
Title		
Tel		
Fax		
Company Type E-mail		