POWER TECHNICAL SERVICES

Type 210 Instrument and Control Switch Specification Form

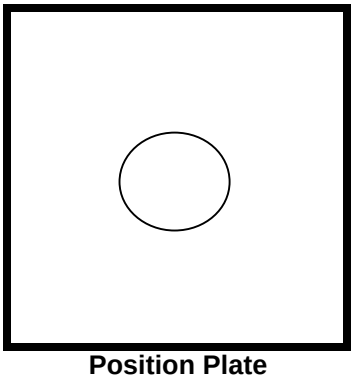
Quantity Required _____ Date: _____

Switches to Applied on: _____

Job Name: _____

Position

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Terminal No.	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24														



Position Plate
Specify Engraving

Position Plate Comments:

Contacts…… Spring Return ☐ Stayput ☐ Special Requirements ☐ (See Remarks)

Pull Out…… Yes ☐ No ☐

Mech. Target…… Yes ☐ No ☐

Panel Thickness….. 1/8" Steel Panel ☐ or _____ Thick Panel

Handle…….. Fixed ☐ Removable ☐ Special Requirements ☐ (See Remarks)

Coil Operated Control Switch…… Coil Rating ☐ Electrical Trip ☐ Manual Trip ☐

Remarks:

Sheet No. _____ of _____ Signed: _____

Phone: (225) 272-2113 - Fax: (225)275-2602 - www.210switch.com - www.ptsbtr.com