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SPARK GAP REQUEST FOR OPERATING PARAMETERS

Please complete as fully as possible to find the best available solution for you. The information will be treated in the strictest confidence.

Company Name and Address				
Contact Person		Telephone		
E-mail		Position		
Application				
Discharge Circuit and Current Wa	woform (if available	.1		
Discharge Circuit and Current wa	iveroriii (ii avaiiabie	1		
SPARK GAP CONDITIONS	MIN	TYP	MAX	
OPERTATING VOLTAGE RANGE				
PEAK CURRENT				
CURRENT PULSE WIDTH				
RATE OF RISE OF VOLTAGE				
PULSE REPETITIONS RATE				
CURRENT PULSE SHAPE				
LIFE TIME EXPECTANCY				
OTHER REQUIREMENTS				

Cooling mode		
Operating mode (continuous, burst – pulses per burst, burst prf)		
Usage (Hours a Day, Hours a Week)		