

# Design Your Own COTO Relay

To customize a COTO relay for your specific application, complete this form and fax to COTO at (401) 942-0920

## TECHNOLOGY:

Reed Relay

## Specify the amount of voltage and current that will be present at the time of relay actuation / de-actuation

Maximum Voltage

Maximum Current

AC

DC

Typical

Typical

## If AC, specify the frequency range (check all that apply)

- < 1MHz
- 50 MHz to 500 MHz
- > 500 MHz
- > 5GHz

## Configuration Required:

- 1 Form A (SPST n.o.)
- 1 Form B (SPST n.c.)
- 1 Form C (SPDT)
- Combination or Multiple of Above Forms

## Please specify your coil/input voltage:

- 5VDC
- 12VDC
- 24VDC
- Other VDC
- TTL Compatible OTHER \_\_\_\_\_

Maximum Available Current to Drive Coil

## ARE THERE ANY OTHER PARAMETERS OF THE RELAY IMPORTANT IN YOUR APPLICATION?

(Specify all that apply)

Switching Speed (maximum operate time)

Size

Contact Resistance (closed circuit resistance)

Target Price

Operate Voltage/Release Voltage

Miscellaneous

Explain any Special Requirements (Sketch Pin-out Required; Specify Size & Package; etc.)

**What is Your Application?**

- |                                                   |                                           |                                          |
|---------------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Automatic Test Equipment | <input type="checkbox"/> Medical          | <input type="checkbox"/> Instrumentation |
| <input type="checkbox"/> Telecommunication        | <input type="checkbox"/> Data Acquisition | <input type="checkbox"/> Process Control |
| <input type="checkbox"/> Office Equipment         | <input type="checkbox"/> Security         | <input type="checkbox"/> Other           |

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**CONTACT INFORMATION:**

Name:

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Title:

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Company:

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Address:

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City, State, Zip:

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Phone:

Fax:

E-Mail:

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Company Web Site:

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**What is the Best Method to Communicate with You?**

- |                                    |                              |                                 |                                       |
|------------------------------------|------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Fax | <input type="checkbox"/> E-Mail | <input type="checkbox"/> Regular Mail |
|------------------------------------|------------------------------|---------------------------------|---------------------------------------|

**FAX YOUR COMPLETED FORM  
TO COTO AT (401) 942-0920**