

# **TOPCON**

## **MACHINE CONTROL TRAINING PROGRAMS**

**Bunce Positioning & New England Positioning** are offering a recurrent Operator/Crew **Paver** one day training Workshop on March 17 or 18 from 8:30am - 4:00pm at our Stow, MA office

This training program, will cover the following:

### **Topcon Paver System Overview**

- \* Control boxes, sonic trackers, slope sensors

### **Basic Paving Principles**

### **System 4 & 5 Control Boxes**

- \* The display
- \* Auto/Manual
- \* Grade control
- \* Slope control
- \* Survey

### **Sonic Trackers**

- \* Working window
- \* Temperature bails
- \* Transducers

### **Control Box Performance Menu**

- \* Gains-elevation/slope
- \* Valve offsets
- \* Dead bands
- \* Slope meter

## Applications

- \* Sonic stringline
- \* Lasers
- \* General

## Maintenance

### Using Paver System 4 & 5

- \* On grade
- \* Calibration
- \* References
- \* Performance

### Smoothtrac Sonic Averaging System

- \* Advantages of non-contacting averaging

### Using System 4 & 5 on the Paver

- \* In field training with the paver

## Trouble Shooting Paver System 4 & 5

- \* Hands on with Paver

In order to provide students with personalized attention, class sizes are limited to eight (8) people per **Paver** session. Training dates will be offered on a first come first serve basis.

The cost of \$195.00 per person will cover all materials, break and lunch.

**Any questions about the training can be directed to Steven Meier, Training and Support Manager, at (800) 421-0125.**

**Please submit a check, payable to Bunce Industries, for the total amount to cover all attendees with the completed registration form to guarantee your space in the class. Checks & registration forms should be mailed to the Stow, MA address below. Space is limited so send your registration in soon. A two week notification to cancel is required in order to receive a full refund.**



## Topcon Paver Training Registration Form

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone No: \_\_\_\_\_

Please designate your session preference next to each name below:

\_\_\_\_ March 16    \_\_\_\_ March 17    \_\_\_\_ March 18

Additional days will be added as needed.

Name	Date Preference
_____	_____
_____	_____
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_____	_____
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Stow, MA 01775  
(800) 225-9400

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Berlin CT 06037  
(866) 388-9088

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