



# ML 500s



The ML 500S model was designed to faithfully reproduce bass and midrange, responding from 55Hz to 3,200Hz. Its ventilated housing provides an efficient heat exchange that preserves the coil, rated at 250 watts RMS. The ML 500S can be used in a variety of sound systems.

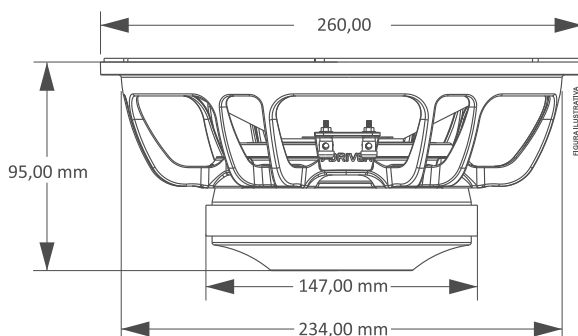
## ELECTRIC PARAMETERS

RMS POWER	250 W
MUSIC POWER	500 W
NOMINAL IMPEDANCE	4 or 8 Ohms
RESISTANCE	3,1 / 6,2 ohms/VCC
NO (EFFICIENCY REFERENTIAL)	1,807%
SENSITIVITY (@ 1W, 1 m)-Free-Air	94,588 dB
MASS DIAPHRAGM (MMD)	26,591 g
TOTAL MASS (MMS)	30,738 g
BL PRODUCT	8.547 TM
MECHANICAL (Qms)	6,681
Q ELECTRIC (Qes)	0,498
Q TOTAL (Qts)	0,464
COMPLIANCE (CMS)	252,667u M/N
EQUIVALENT VOLUME (VAS)	49,985 L
FREQUENCY RESPONSE	55Hz to 3.200Hz
RESONANCE FREQUENCY	57,110 Hz
Le @ 10 kHz (COIL INDUCTANCE 10 kHz)	0,381 mH
EFFECTIVE CONE AREA (SD)	0,0373 Sq.m
CONE EXCURSION WITHOUT DISTORTION (X MAX)	- + 4,4 mm
FLOW DENSITY IN THE GAP	11.300 GAUSS

The Thiele-Small parameters are obtained after applying a 45Hz sinusoidal signal (Free air) for a period of 30 minutes at a pre-set tension for break-in.

A tolerance of + - 15% in the specified values is allowed.

## PRODUCT DIMENSIONS



## MECHANICAL PARAMETERS

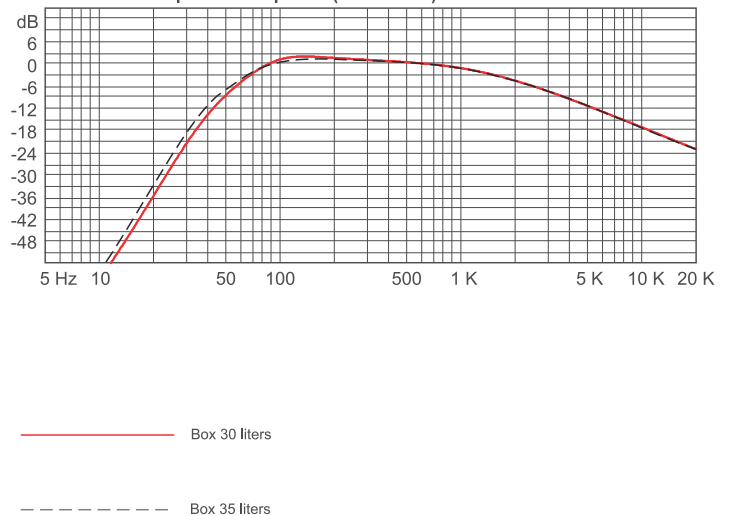
NOMINAL DIAMETER	10 Inches
FERRITE DIAMETER	147 X 63 X 16 mm
COIL DIAMETER	2 Inches
COIL HEIGHT	12 mm
COIL WIRE MATERIAL	Copper
COIL WIRE SECTION	Round
COIL SHAPE	*Kapton®
GAP HEIGHT	6,35 mm
HOUSING MATERIAL	Steel
FERRITE MATERIAL	Barium
WEIGHT	3,100 Kg
OCCUPIED VOLUME OF THE CABINET	1,6 Liters

\*Kapton® Registered trademark by DUPONT

## CABINET SUGGESTIONS

MODEL	VOLUM	DUCT	DUCT	DUCT	TUNE	(H.P.F)	ATTENUATION (ACTIVE)
	LITER	AUMONT	DIAMETER	DEPTH			
VENTED BOX	30	02	03 (Inches)	178,6 mm	60 Hz	57 Hz	- 24 dB/ 8°
	35	02	03 (Inches)	216,2 mm	52 Hz	49 Hz	- 24 dB/ 8°

## Normalized Amplitude Response (dB-SPL/Hz)



[www.taramps.com.br](http://www.taramps.com.br)

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Note: Features, specifications and aesthetics are subject to change without notice.

## WARRANTY TERM

When all our products are produced, they undergo rigorous evaluations, in each construction process until they are packaged, however, if any type of abnormality is detected, when opening the package, it must be sent to one of our authorized service stations, or directly to the factory, if there is not an authorized technician in your region. **Each and every product must undergo a technical evaluation so that the defect is identified and proven.**

The product has a warranty of 15 (fifteen) months after the issuance of the invoice, with the legal warranty of 90 days, provided for in article 26, item II, of law No. 8078/90 (Brazilian consumer protection code).

### Warranty Conditions:

The product must be installed correctly, by a specialized professional, as well as respecting the product characteristics.

The customer **will NOT** have the warranty when:

- Exceed the period of 15 (fifteen) months.
- Damages incurred are caused by; transport or handling accident, or humidity.
- Defects caused by improper installation.
- Malfunctions in product parts (torn cone/dust cap, bent or broken speaker housing).
- Coils burned out by excessive power or extreme distortion conditions, causing heating above 240°.

### Warranty Coverage:

- Taramps guarantees its products against any defect in material or manufacturing process, provided that, at the discretion of its authorized technicians, it is found to be defective under normal conditions of use.
- **The PRODUCT must contain the original label, on which its serial number is inserted.**
- To use the warranty, the customer must present the invoice and the warranty term, both of which must contain the serial number on the product label.

### Transport

Only products that fall under the terms of warranty coverage will have their transportation expenses covered, otherwise, the expense will be at the customer's expense.

# WARRANTY CERTIFICATE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEALER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

INVOICE NUMBER