

Date: _____

Absolute/Gauge Pressure

Company Name:	Customer Contact Name:
Customer Address:	Phone and Fax:
City, State, Zip:	Cell:
Sales Person/Rep.:	Email:
Representative Firm:	RFQ (request for quotation) #:
Tag Number:	

Process Information

1. Process Material: _____

2. Specific Gravity: _____

3. Process Temperature Range: Min: ____ Max: ____ °F °C

4. Product Properties: Abrasive Crystallizing

5. Vessel Location: Indoor Outdoor

6. Ambient Temperature: Min: ____ Max: ____ °F °C

7. Process Pressure: Min: ____ Max: ____ psi bar

8. Is the process sanitary? Yes No

9. Area Classification: General Purpose Div. 1 Div. 2

10. Is the process exposed to vacuum conditions? Yes No If Yes, How Long? _____

11. Size/Type of Process Connection: _____

Measurement Data

12. Tank Level Yes No
 If Yes: Minimum Height: _____ Maximum Height: _____

13. Pressure Measurement: Yes No
 If Yes: Minimum PSI: _____ Maximum PSI: _____

14. Cleaning Cycle: Yes No
 If Yes: Temp: _____ °F °C Pressure PSI: _____
 Cleaning Agent/Concentration: _____

Additional Requirements

15. Preferred/Specified Material: _____

16. Electronics: 4...20mA 4...20mA HART Profibus PA Foundation Fieldbus

17. Display: Remote Integral None

18. IP or NEMA Class Required: _____

19. Material Certifications Required: _____

20. Notes: