|  |  |
| --- | --- |
| **Organization/Company Name:** |  |
| **Name:** |  |
| **Phone (Include Country/Area Code):** |  |
| **E mail:** |  |
| **City:** |  |
| **State:** |  |
| **Message:** |  |

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**INFORMATION REQUIRED FOR SPECIFIC BLOWER APPLICATIONS**

***(PLEASE FILL IN AVAILABLE INFORMATION, BALANCE CAN BE LEFT BLANK)***

|  |  |  |
| --- | --- | --- |
| **1** | **Describe your pressure or vacuum application in brief-** |  |
| **2** | **Describe blower use-** |  |
| **3** | **Details of Electrical input supply available-** **(Volts--Phase--Hz)** |  |
| **4** |  **Estimated Air flow is required, in volume-** **(SCFM--M3/Hr--M3/Min)** |  |
| **5** | **Estimated pressure or vacuum requirement-****(Mbar--mm WC--inch of H2O--PSI--Inch of Hg-Pa)** |  |
| **6** | **Inlet air temperature and relative humidity-** |  |
| **7** | **Inlet pressure (If not atmospheric)-** |  |
| **8** | **Elevation (Feet/Meters above sea level)-** |  |
| **9** | **Any special operating conditions requirements-****----Noise level restrictions****----Discharge air temperature restrictions****----MOC of blower body--impeller--contact parts** |  |
| **10** | **List of accessories required****----Suction or Vacuum filter-** **----Pressure or Vacuum Relief valve-** **----Pressure or Vacuum gauge-** **----Protective or sound enclosure-**  |  |
| **11** | **If any other useful information you may want to share with us**- |  |