|  |  |
| --- | --- |
| **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**- |  |