

Date: _____
Phone: _____

Customer: _____
Email: _____







Contact Name: _____

Operating Conditions

APPLICATION (Describe in detail):

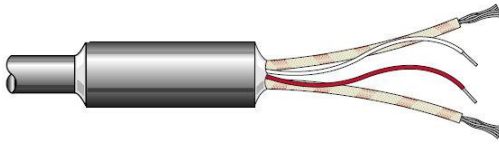




MATERIAL BEING HEATED:		MAX WORK TEMPERATURE:	<input type="checkbox"/> F <input type="checkbox"/> C
ENVIRONMENT:	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	SHEATH TEMPERATURE:	<input type="checkbox"/> F <input type="checkbox"/> C
HAZARDOUS CLASS:	DIV _____ GROUP _____	AMBIENT TEMPERATURE:	<input type="checkbox"/> F <input type="checkbox"/> C

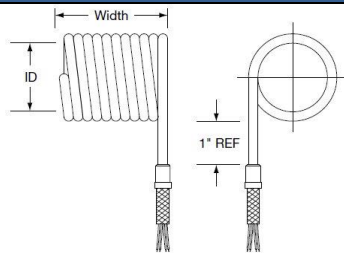
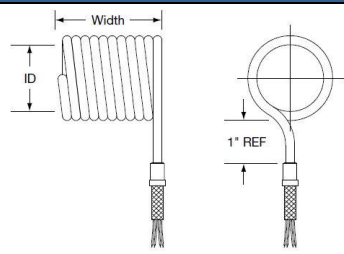
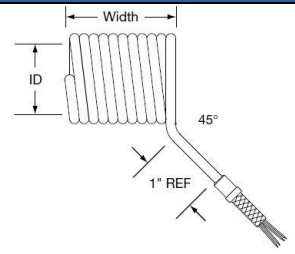
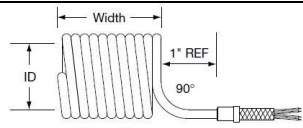
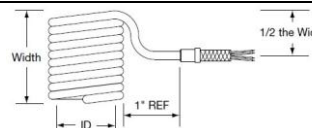
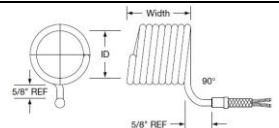
Heater Specifications (Check all that apply):

TYPE:	 <input type="checkbox"/> DIST WATTLE	 <input type="checkbox"/> CLAMP STRAPS	 <input type="checkbox"/> CLOSE WOUND	 <input type="checkbox"/> PRESSED IN BRASS	 <input type="checkbox"/> FORMABLE	 <input type="checkbox"/> HOTLOCK
RATING:	VOLTS _____	WATTS _____	SHEATH MATERIAL:		<input type="checkbox"/> 304 S/S	<input type="checkbox"/> INCOLOY 600
SIZE:	COIL I.D. _____	WIDTH _____	COLD END _____	SHEATH DIAMETER:		<input type="checkbox"/> IN / <input type="checkbox"/> MM

Options

THERMOCOUPLE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE:	<input type="checkbox"/> J <input type="checkbox"/> K	JUNCTION:	<input type="checkbox"/> GRD <input type="checkbox"/> UNGRD	LEAD LENGTH:
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PROTECTION:					
	<input type="checkbox"/> STANDARD LEADS <input type="checkbox"/> EPOXY <input type="checkbox"/> CEMENT	<input type="checkbox"/> S/S ARMOR	<input type="checkbox"/> S/S BRAID	<input type="checkbox"/> GALV HOSE	<input type="checkbox"/> FG SLEEVE

ORIENTATION:		<input type="checkbox"/> OPTION 1		<input type="checkbox"/> OPTION 2		<input type="checkbox"/> OPTION 5
		<input type="checkbox"/> OPTION 3		<input type="checkbox"/> OPTION 4		<input type="checkbox"/> OPTION 6

OTHER INFORMATION:	
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