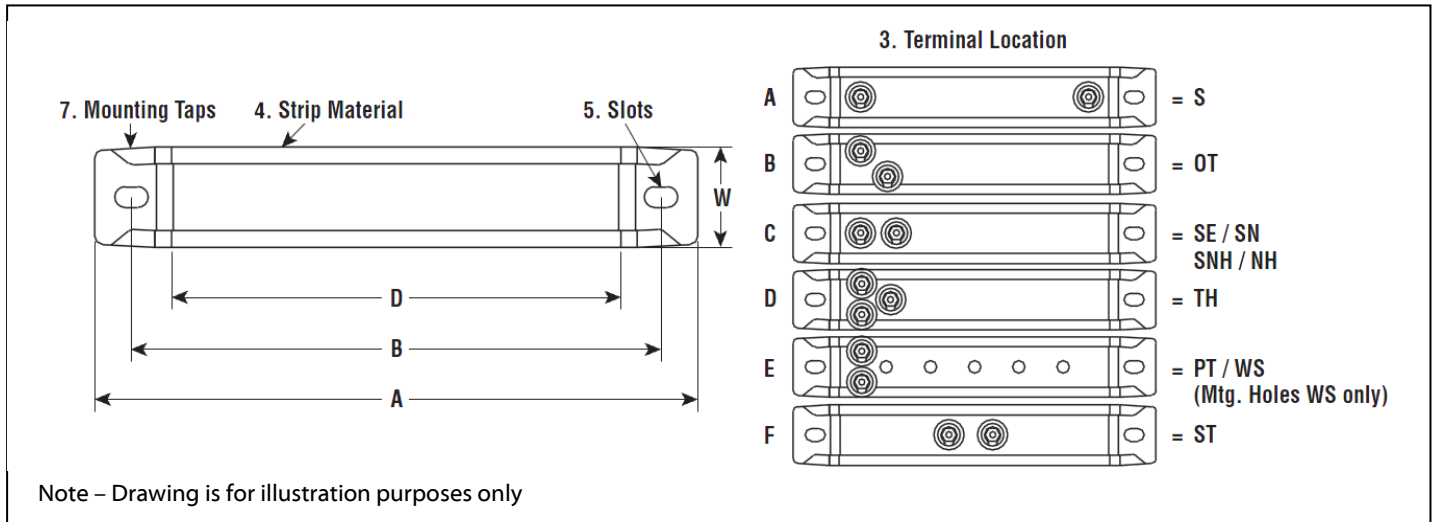


Date: _____

Customer Name: _____



Operating Conditions

APPLICATION (Describe in Detail):

HEATED MEDIUM: Gas Liquid Solid

MAXIMUM WORK TEMPERATURE: °F **AMBIENT TEMPERATURE:** °F

INSTALLATION ENVIRONMENT: Indoor Outdoor Hazardous Class Div Group

Heater Specifications (Check All That Apply)

RATING:	Volts Watts <input type="checkbox"/> Special Watt Distribution (Specify):
DIMENSIONS:	Width "A" Length "B" Length "D" Length
TERMINAL LOCATION:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
STRIP MATERIAL:	<input type="checkbox"/> Iron <input type="checkbox"/> Chrome Steel <input type="checkbox"/> Inconel <input type="checkbox"/> Stainless Steel
SLOTS:	<input type="checkbox"/> None <input type="checkbox"/> Punched for Secondary Insulation
MOUNTING TABS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
AGENCY APPROVALS:	<input type="checkbox"/> None <input type="checkbox"/> UL <input type="checkbox"/> CSA <input type="checkbox"/> Other (Specify):
OTHER FEATURES:	<input type="checkbox"/> Extra Strong Mounting Tabs <input type="checkbox"/> Shims <input type="checkbox"/> Terminal Cover: <input type="checkbox"/> NEMA 1 <input type="checkbox"/> NEMA 4 <input type="checkbox"/> Mounting Holes (Specify Location & Qty) <input type="checkbox"/> Special Length Terminals: in. <input type="checkbox"/> Lead Wire Terminals: in. <input type="checkbox"/> Other (Specify):
ADDITIONAL INFO:	<input type="checkbox"/> None <input type="checkbox"/> Additional Information attached, including detailed sketch <input type="checkbox"/> Additional Information: