

1. * END USER / COMPANY: _____ LOCATION: _____
QUOTED TO / COMPANY: _____ NAME: _____ TITLE: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

2. NUMBER OF UNITS TO BE QUOTED: _____ POTENTIAL NUMBER OF UNITS: _____ DEL. EXPECTED: _____

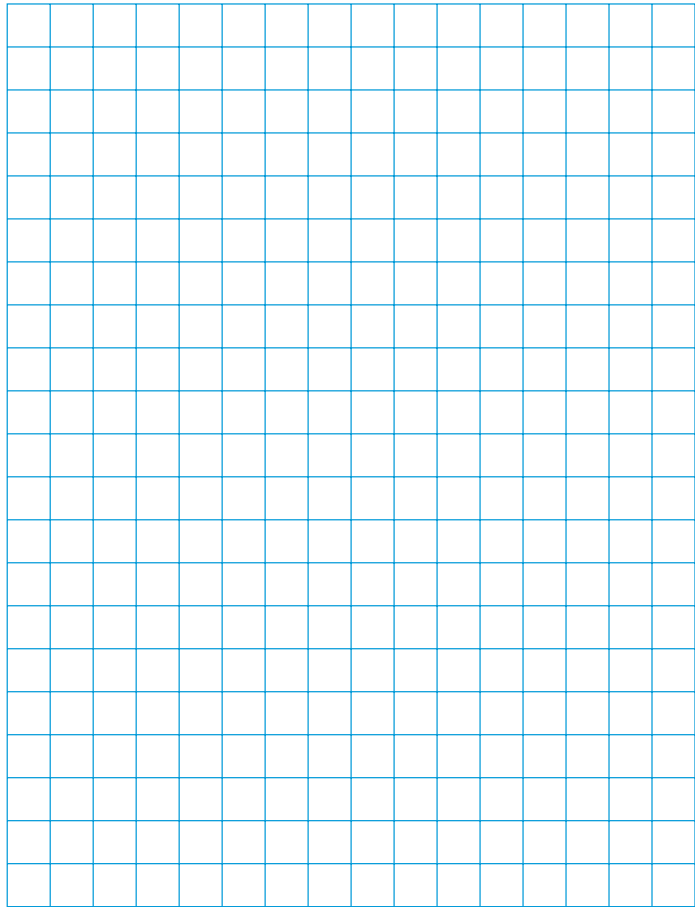
3. * PROCESS MATERIAL:
Liquid _____
Slurry _____
Granular _____

* 16. INSTALLATION SKETCH:
(Include all applicable dimensions from the following list.)
• Tank Dimensions • Obstructions • Agitator
• Fill / Drain Location • Nozzles • Stilling Wells
• Full / Zero Level • Ladders • Heating Coil
• Sensor Location • Man Ways • Baffles

4. PROCESS PRESSURE: (Specify Units)
* Maximum _____
Normal _____
* Minimum _____

TAKE 5 MINUTES AND SAVE HOURS

5. PROCESS TEMPERATURE: (Specify Units)
* Maximum _____
Normal _____
* Minimum _____
Max. rate of change per min. _____



6. AMBIENT TEMPERATURE RANGE: (Specify Units)
_____ ° to _____ °

7. PHYSICAL CHARACTER:
Vapor Press (mm Hg) _____
* Foam Present? _____
* Condensation? _____
Acoustic Noise? _____

8. FUNCTION REQUIRED:
Tank Contents _____
Rate of Fill / Use _____
Indication _____
Proportional Control _____

9. * AGITATION: None _____ Light _____ Strong _____
Number of Blades _____ RPM _____
Blade Dia. _____ (Specify units)
Blade Width _____ (Specify units)

10.* MOUNTING:
Nozzle: Length _____ Dia. _____
Thread: Size _____ Type _____
Flange: Size _____ Rating _____
Type _____ Material _____
Facing _____

11. POWER AVAILABLE:
24VDC _____ 120VAC _____ 230VAC _____ Other _____

17. WHAT FUNCTION DOES THE MEASUREMENT PERFORM? _____

12. AREA CLASSIFICATION: At Vessel _____
At Electronics _____

18. RECOMMENDED MODEL #: _____

13. OUTPUT SIGNAL:
4-20 mA _____ HART® 4-20 mA _____
of Relays _____ Other _____

19. REMARKS: _____

14. DESIRED ACCURACY:
@ Maximum Level _____ %
@ Minimum Level _____ %

15. REP: _____
(See Instructions 440-0001-274)

*** Required Information For Correct Application**