

**Instructions:** Complete as many fields as necessary to properly describe the application.

Customer Information		
1	Contact	
2	Company	
3	Address	
4	Phone, Fax, Email	Ph: _____ Fax: _____ Email: _____
5	Date	
6	Project Reference	
7	Quotation or Order?	Quotation <input type="checkbox"/> Order <input type="checkbox"/>
8	If quotation: required by (date)?	
Tank Information		
9	Qty of Tanks	2 (standard) <input type="checkbox"/> Other <input type="checkbox"/> _____
10	Tank Shape	Rectangle <input type="checkbox"/> T-Shape <input type="checkbox"/>
11	Model of Deice Truck (if Known)	
12	Material of Construction (used for mounting fitting)	Aluminum <input type="checkbox"/> St Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____
13	Mounting Fitting needed? (1" NPT Probe)	Yes <input type="checkbox"/> 1" Collar <input type="checkbox"/> Flange mount <input type="checkbox"/> No <input type="checkbox"/> *see note below
14	Tank Dimensions	Tank 1: Volume _____ Depth (92" max) _____ Tank 2: Volume _____ Depth (92" max) _____
15	<b>Highest measurement needed?</b> (6" for Type IV, 4" for Type I, or need riser installed)	_____ Inches
16	Riser installed? Height? Diameter?	Riser: Yes <input type="checkbox"/> Height _____ Diameter (4" min) _____ No <input type="checkbox"/>
17	<b>Lowest measurement needed?</b> (3" from bottom or need sump installed)	_____ Inches
Process Conditions		
18	<b>Liquid(s)</b> (list each) Type I: Coaxial Probe (min DK 1.6) Type IV: Dual Rod Probe (min DK 1.8)	Type I (Deice) Brand: _____ Type IV (Anti-Ice) Brand: _____
19	Accuracy required (+/- 5mm/ 0.2 inch)	
20	Ambient temp range (-40°C/ °F to 65°C/ 150°F)	Min _____ Max _____
21	Process temp range (-40°C/ °F to 120 °C/ 248°F)	Min _____ Max _____
Output and Control		
22	<b>Display</b> (Single Screen Display SSD)	Single Screen Display for two compartments <input type="checkbox"/> Qty. _____
23	Optional RAM Display Mounting Kit? (1.5" ball)	Yes <input type="checkbox"/> No <input type="checkbox"/>
24	Optional Relay Cable Kit? (2 per display, 1A max)	Yes <input type="checkbox"/> _____ No <input type="checkbox"/>
Installation Details		
25	Installation company	
26	Site: Name, location	
27	Contact name	
28	Contact phone, fax, email	Ph: _____ Fax: _____ Email: _____
29	Installation date	
30	Installation condition (new, used, in service)	New <input type="checkbox"/> Used <input type="checkbox"/> In Service <input type="checkbox"/>
31	<b>Customer Signature Approval</b>	Date: _____
32	Customer Purchase Order #	
33	Comments	

**Note:** Flange mount can be used for any type of tank; 1" collar can only be used for metal tanks.