

CONTROLLER RFQ

Form QUOTECNTRL Rev. February 2020



CUSTOMER INFORMATION

Contact Name: _____	Date: _____
Company Name: _____	Writer: _____
Address: _____	Rep: _____
_____	Territory: _____
Phone: _____	Fax: _____
Mobile: _____	
Product Delivery Required: _____	E-mail: _____
Quote Needed By: _____	Website: _____

CONTROLLER INFORMATION

Equivalent Model Number: _____			
Manufactured By: _____			
Controller Type:	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Boiler	<input type="checkbox"/> pH / ORP
Sensors:	<input type="checkbox"/> Conductivity	<input type="checkbox"/> Electrodeless	<input type="checkbox"/> pH
	<input type="checkbox"/> PTSA	<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Total Chlorine
	<input type="checkbox"/> Ozone	<input type="checkbox"/> Dissolved O2	<input type="checkbox"/> Corrosion
System Pressure:	<input type="checkbox"/> PSI	<input type="checkbox"/> Bar	_____
System Temperature:	<input type="checkbox"/> F	<input type="checkbox"/> C	_____
Enclosure Type:	<input type="checkbox"/> NEMA 3	<input type="checkbox"/> NEMA 4	<input type="checkbox"/> NEMA 4X
Electrical:	<input type="checkbox"/> 110VAC	<input type="checkbox"/> 208VAC	<input type="checkbox"/> 230VAC
(Voltage/Phase/Hertz)	<input type="checkbox"/> 1 Phase	<input type="checkbox"/> 3 Phase	<input type="checkbox"/> 60 Hertz
Equipment:	<input type="checkbox"/> Pump Stand	<input type="checkbox"/> Wall Mount	<input type="checkbox"/> Pump Cover
	<input type="checkbox"/> Tank	<input type="checkbox"/> Tank Stand	<input type="checkbox"/> Mixer
	<input type="checkbox"/> Pressure Relief	<input type="checkbox"/> Back Pressure	<input type="checkbox"/> Pulse Dampener
	<input type="checkbox"/> Foot Valve	<input type="checkbox"/> Injection Valve	<input type="checkbox"/> Injection Quill
Controllers:	<input type="checkbox"/> pH	<input type="checkbox"/> ORP	<input type="checkbox"/> Conductivity
Explosion Proof Req.:	Class: _____	Div.: _____	Group: _____
Air Motor Req.:	CFM: _____	PSI: _____	Filter/Reg./Lub.: _____
Control Features:	<input type="checkbox"/> Powered Relays	<input type="checkbox"/> Dry Relays	<input type="checkbox"/> Pulse Relays
	<input type="checkbox"/> Modbus TCP	<input type="checkbox"/> BACnet	<input type="checkbox"/> HMI
			<input type="checkbox"/> Analog Output

Note: Use "Equipment Specific Quote Forms" for further information on products needed.

FLUID INFORMATION

Chemical: _____	Temperature: <input type="checkbox"/> Ambient	<input type="checkbox"/> °F	<input type="checkbox"/> °C
Percentage: _____	<input type="checkbox"/> Centipoises	<input type="checkbox"/> SSU	Specific Gravity: _____
Viscosity: _____	Other: _____		
% Solids: _____			

OPERATIONS & APPLICATION

Describe the operation/application for this pump: _____
