Application Assistance Form

Please provide as much detail as possible for prompt assistance. Fax the completed form to Technical Support at your local GF sales office.

Date: 

Company: 

Contact: 

Address: 

City: State/Country: Zip/Postal Code: 

Country: 

Phone: Ext: Fax: Email: 

Name of project: 

GF Distributor: Contact: Tel: 

Description of application (use separate sheet if necessary):

| Piping material: | Size: | Schedule: | Fluid temp. range, min: | max: | Fluid viscosity: | Description: | Specific gravity: | Percent solids: | Flow rate, min: | max: | Size of solids: |
|------------------|------|-----------|-------------------------|------|----------------|-------------|------------------|----------------|---------------|-------------|------|----------------|
| Piping system: (if flow sensor, on separate sheet sketch piping system - see Installation section for upstream and downstream requirements) |
| Piping material: | Size: | Schedule: | Angle: Vertical or Horizontal | Fluid temp. range, min: | max: | Pressure | min: | max: | Indicator mounted: Indoor or Outdoor | Temperature min: | max: | 
| Line press. range, min: | max: | | Process pH range, min: | max: | | Cond/Resist range, min: | max: | | Turbidity range, min: | max: | | Chlorine range, min: | max: | |
| Sensor mounted: Indoor or Outdoor | Indicator mounted: Indoor or Outdoor | |
| If submersible, tank size and shape: |

Fluid to be measured: Chemistry:

Required accuracy: Unit of measurement:

Cable run from sensor to indicator: ft./m

Available power: Amperage:

Required outputs & Qty: