

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 system: (if flow sensor, on separate sheet sketch piping system - see Installation section for upstream and downstream requirements)

Piping material:	Size:	Schedule:	Angle: Vertical <input type="checkbox"/>	or Horizontal <input type="checkbox"/>
Fluid temp. range, min:		max:	nominal:	Control range:
Line press. range, min:		max:	nominal:	Control range:
Process pH range, min:		max:	nominal:	Control range:
Cond/Resist range, min:		max:	nominal:	Control range:
Turbidity range, min:		max:	nominal:	Control range:
Chlorine range, min:		max:		
pH min:		max:		
Temperature min:		max:		
Pressure min:		max:		

Sensor mounted: Indoor or Outdoor

Indicator mounted: Indoor or Outdoor

Sensor mounted: Inline or Submersible

If submersible, tank size and shape: _____

Fluid to be measured:	Chemistry:	
Fluid viscosity:	Specific gravity:	
Percent solids:	Description:	Size of solids:
Flow rate, min:	max:	nominal:
Back pressure after sensor:	psig/bar	
Required accuracy:	Unit of measurement:	
Cable run from sensor to indicator:	ft./m	
Available power:	Amperage:	
Required outputs & Qty:		