



Telescoping Chute Application Data Form

Please Complete and Fax or Email This Form to Us.

Company _____ Date _____
 Address _____ State _____ Zip _____
 Ship To _____ Contact _____
 Jobsite: _____
 Phone (_____) _____ Ext _____ Fax (_____) _____
 Email _____

Material Physical Properties

Material _____ Product (Material) Temp. _____ F Ambient Temp. _____ F
 Bulk Density _____ Abrasiveness Very ___ Mod ___ Mild ___ Not ___
 Particle Size Range _____ Dusty Very ___ Mod ___ Mild ___ Not ___
 Moisture (%) _____ Flow Rate _____ Corrosiveness Very ___ Mod ___ Mild ___ Not ___

Type of Loading

Truck ___ Railcar ___ Ship ___ Other ___
 Open ___ Open/Cross Bracing ___ Enclosed ___ Other/Specify _____
 Is Product aerated in Feed Hopper Bottom Y ___ N ___ OR Air Slide Y ___ N ___
 Clearance Height Required Under Chute When Retracted _____
 Is Horizontal Travel Desired Y ___ N ___ If Yes, How Much Horizontal Travel? _____
 Dimensional Clearances Vertical _____ Horizontal _____
 Equipment Above Chute _____ Equipment Below Chute _____ Inlet Size _____

Chute Construction Qty of Chute(s) _____

Material of Const. _____ Shell Material _____
 Liners Material of Const. _____ Std. PICOR Flange Y ___ N ___ Std. PICOR Paint Y ___ N ___
 If No, Specify Flange _____ If No, Specify Paint _____

Electrical Specifications

Actuator Type: Pneumatic ___ Hydraulic ___ Electric ___ Manual ___
 Drive V/PH/HZ ___/___/___ NEMA 4 Control V/PH/HZ ___/___/___
 Area Classification Class _____ Division _____ Group _____
 Class _____ Division _____ Group _____
 Auto Raise Req'd Y ___ N ___ Auto Lower Req'd Y ___ N ___
 Level Probe Req'd Y ___ N ___ Additional L/S Contact(s) Req'd Y ___ N ___

ATTACH ANY SPECIFICATIONS AND/OR NOTE NON-STANDARD ITEMS IN THE COMMENT SECTION BELOW.

Comments and Additional Specifications _____

BUDGET QUOTE Y ___ N ___ FIRM PRICE Y ___ N ___
 QUOTE REQ'D BY ___/___/___ DELIVERY REQ'D BY ___/___/___