

# BELT CONVEYOR RFQ FORM



## Contact Information

Name: .....  
Company: .....  
Address: .....  
City: ..... State/Province: ..... ZIP/Postal Code: .....  
Phone: ..... Fax: ..... Email Address: .....

## Product Information

Product: .....  
Bulk Density: .....PCF (*pounds per cubic foot*) | Particle Size: ..... " Minimum to..... " Maximum  
Maximum Temperature: ..... °F | Moisture Content: .....%  
Angle of Surcharge: ..... °  
Special Characteristics: ..... *If other, please specify:* .....

## Application Requirements

Usage: ..... hours/day | Usage: ..... days/year  
Capacity: ..... | Length: ..... ' Centerline of Pulleys  
Inclination: Horizontal Inclined *If inclined:* ..... ° | Reversing: Yes No  
Construction Material: ..... *If other, please specify:* .....  
Frame Type: .....  
..... ' of Top Covers (*for channel/truss frame applications*) | Number of Inlets: .....  
Discharge Hood Required: Yes No  
Inlet/Discharge Liners: Yes No *If yes:* ..... *If other, please specify:* .....  
Walkway: Yes No *If yes, please specify:* .....  
Support Bents: Yes No *If yes, minimum* ..... ' *between supports*  
Motor Class: ..... *If other, please specify:* .....  
Voltage: ..... *If other, please specify:* .....  
Belt Scraper Required: Yes No | Belt Alignment Switches: Yes No  
Zero Speed Switch: Yes No | Emergency Shut-Off Switch: Yes No  
Special Requests: .....

*\*Please include any layout drawings or specifications that may be available.*