

DRAG 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.*