



Application Form / Continuous Level Gauge

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Before a quotation can be issued, we must have this form completed.

Company Name

Contact Name

Street or P.O. Box	_____	Zip Code	_____
City	_____	Phone Number	_____
State /Province	_____	Fax Number	_____
Country	_____		

Project Name _____

Date _____

Process Specifications

Product Liquid Solid Process material _____

Product density	<input type="text"/>	<i>g/l</i>
Gas density	<input type="text"/>	<i>g/l</i>
Normal product temperature	<input type="text"/>	<i>degrees C / F</i>
Ambient temperature	<input type="text"/>	<i>degrees C / F</i>
Operating pressure	<input type="text"/>	<i>PSIG</i>
Measuring Range	<input type="text"/>	<i>mm / inches</i>

Continuous Level Interface

Density product 1	<input type="text"/>
Density product 2	<input type="text"/>
Gas density	<input type="text"/>
Foam density	<input type="text"/>

Physical Arrangement

Horizontal vessel	<input type="checkbox"/>		
Vertical vessel	<input type="checkbox"/>		
Vessel Inside diameter	<input type="text"/>		
1st wall thickness steel	<input type="text"/>	<i>mm / inches</i>	
2nd wall thickness	<input type="text"/>	<i>mm / inches</i>	Material <input type="text"/>
3rd wall thickness	<input type="text"/>	<i>mm / inches</i>	Material <input type="text"/>
4th wall thickness	<input type="text"/>	<i>mm / inches</i>	Material <input type="text"/>
Insulation thickness	<input type="text"/>	<i>mm / inches</i>	Material <input type="text"/>
Agitator Outside diameter	<input type="text"/>	<i>mm / inches</i>	

Buildup material? Yes / No If yes, approximate thickness _____

Explosion proof? Yes / No

Purpose of Continuous Level Gauge _____

Required delivery time _____