



Application form / Microwave Moisture

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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 _____

Date _____

PRODUCT SPECIFICATIONS

Product _____ **Process Material :** _____

Product Chemistry: _____

Bulk Density(Nominal) _____

Particle size _____ mm

Moisture range % minimum _____ % nominal. _____ % maxi. _____ %

Accuracy _____

Conductivity _____

pH _____

Dielectric constant _____

Normal product temperature _____ degrees C / F

Ambient temperature _____ degrees C / F

PROCESS SPECIFICATIONS

If Belt Flat Chain Screw Other Installation

Material _____

Belt Width : _____ inches

Belt Inclined yes Angle _____

Belt Speed ((ft/min) Normal _____ Min. _____ Max _____ (ft/min)

Nominal Height of Material on the Belt _____ inches

Nominal Mass Flow Rate (t/h) _____ t/h Profile section (*please supply a sketch*)

If Chute (*please supply a sketch*)

If Pipe (*please supply a sketch*) Pressure _____ Nominal Flow _____

Calibration Method

Laboratory Method : _____ Accuracy %
Purpose of the Moistures Analyzer _____