

REQUEST FOR VESSEL QUOTATION

DATE: _____
 TO: AVIATION AND FILTRATION DIVISION
 EMAIL: aviationsupport@nee.ca

FROM: _____
 CONTACT NAME: _____
 PHONE: _____
 EMAIL: _____

EQUIPMENT REQUIRED

Filter Separator <input type="checkbox"/>	Clay <input type="checkbox"/>	Microfilter <input type="checkbox"/>	Aquacon Element Housing <input type="checkbox"/>	Monitor <input type="checkbox"/>	Other <input type="checkbox"/>
Product: _____	Carbon <input type="checkbox"/>	Stainless <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Other <input type="checkbox"/>	
Inlet/Outlet Size: _____	Flange <input type="checkbox"/>	Victaulic <input type="checkbox"/>	Other <input type="checkbox"/>		
Qty Required: _____	Flow Rate _____	USGPM Design Press: 150 psi <input type="checkbox"/>	Design Temp: -20/150F <input type="checkbox"/>	Other _____	
Vertical <input type="checkbox"/>	Horizontal <input type="checkbox"/>	Fixed <input type="checkbox"/>	Mobile <input type="checkbox"/>	Other <input type="checkbox"/>	
Corrosion Allowance <input type="checkbox"/>	PWHT <input type="checkbox"/>	Seismic <input type="checkbox"/>	External Paint <input type="checkbox"/>		
SPECIFICATION REQUIREMENTS					
EI 1583 <input type="checkbox"/>	EI 1590 <input type="checkbox"/>				
EI 1581 <input type="checkbox"/>	Category C <input type="checkbox"/>	Category M <input type="checkbox"/>	Category M100 <input type="checkbox"/>		

ACCESSORIES

	STANDARD	OPTIONS	
Auto Air Eliminator	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Stainless	<input type="checkbox"/> LC Highmount
Auto Air Check Valve	<input type="checkbox"/> Stainless Steel		
Pressure Relief Valve	<input type="checkbox"/> Steel	<input type="checkbox"/> Setting 150PSI	<input type="checkbox"/> Other
Pressure Gauge	<input type="checkbox"/> GTP 0-30 Alum	<input type="checkbox"/> Push Button Option	<input type="checkbox"/> Peakhold Option
Drain Valve	<input type="checkbox"/> Manual S/S	<input type="checkbox"/> Deadman Spring	
Sample Probes	<input type="checkbox"/> GTP Kit#7	<input type="checkbox"/> GTP Kit#5	<input type="checkbox"/> Other
Heater	<input type="checkbox"/> Immersion	<input type="checkbox"/> 120V	<input type="checkbox"/> 240V <input type="checkbox"/> Wattage _____
Water Probe	<input type="checkbox"/> 220/240V	<input type="checkbox"/> 120V	
Float Control	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Man. Test (Std) <input type="checkbox"/> Ballast Type Test
Slug Valve	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Cast Aluminum	<input type="checkbox"/> Ductile Iron <input type="checkbox"/> Cast Steel
<input type="checkbox"/> ASME Code Cert & Stamp	<input type="checkbox"/> CRN Registration	Budget <input type="checkbox"/>	Province of Registration? _____
		Firm <input type="checkbox"/>	

Date Quote is Required: _____

Other Requirements/Notes: _____

