

Application Approval Form [AAF]

Company Name:					Date:			
Street: City:			City:		State:		Zip:	
Contact Name:					Title:			
Phone: Fax:				E-mail:				
Representative:								
1	Product Name							
2	Bulk Density				g/cc lb/cu.ft.			
3	Quantity of tanks to be monitored							
4	Potential quantity of tanks to be monitored							
5	Max Pressure					□psi □Bar		
6	Max temp inside bin					□°C □°F		
7	Vessel Shape	Square	Round	d				
8	If <u>square</u> supply	Length:		Width:		Height:	m ft	
9	If <u>round</u> supply	Diameter:		Height:		mft		
10	Internal Structure	Cleanout Cage Agitator Stiffening Bars Bag House Temp cables Aeration Tubes corrugations Other:						
11	Internal Movement	No Yes please describe						
12	Explosive area	Yes No If yes, please designate classification:						
13	24vDC Power available	Yes No						
14	Outputs required	420mARS485Both						
15	Outputs used for	Inventory Control Both						
16	16 Previous technology used:							

*Please provide Blueprints of container's shape and expected mounting location.

Approved By:



