

# BUCKET ELEVATOR 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: ..... | Discharge Height: ..... '  
Construction Material: ..... *If other, please specify:* .....  
Support Tower: Yes No *If yes, ..... ' tall*  
Head Service Platform: Yes No  
Distributor Platform: Yes No  
Ladder with Safety Cage: Yes No *If yes, ..... ' long*  
Jib Crane: Yes No  
Motor Class: ..... *If other, please specify:* .....  
Voltage: ..... *If other, please specify:* .....  
Belt Alignment Switches: Yes No  
Zero Speed Switch: Yes No  
Inlet/Discharge Liners: Yes No *If yes, liner material:* .....  
Special Requests: .....

*\*Please include any layout drawings or specifications that may be available.*