



Technology Solutions

Application Information Form

Date:	Author Name:				
Company/Territory:					
Customer Info					
Company:					
Phone and Fax:					
Email:					
Site Name:					
City, State, Zip:					
Contact Name:					
Title:					
Flow Application Info					
Info (Name, Tag, Objective, etc.):					
Flow Application Details					
Fluid to be Measured:					
Type:	Liquid	Steam	Gas (Mixture percentages)		
	Saturated	Superheated			
Flow rate:	Minimum_____	Maximum_____	Nominal_____	GPM	SCFM
	Other: _____				
Temperatures:	Minimum_____	Maximum_____	Nominal_____	°C	°F
Pressures:	Minimum_____	Maximum_____	Nominal_____	psig	psia
	Other: _____				
Conductivity:_____	μMhos	Other: _____			
Density: _____	S.G.	Other: _____			
Viscosity: _____	cPs	Centistokes	Other: _____		



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Flow Conditions: Continuous Flow Pulsating Flow Describe: _____

Air/Solids Percentage (%) by Volume: _____

Upstream configuration (i.e. elbow, tees, valves, etc.): _____

Piping - Straight Runs: Upstream _____ Diameters Downstream _____ Diameters

Flow orientation: Up Horizontal Down Other: _____

End connections: _____ # ANSI Flange Sanitary _____

Threaded _____ inch NPT Other: _____

Nominal pipe size: _____ Schedule: _____ Lined Pipe: Yes No

Product Requirements

Accuracy requested: _____ % of rate

Acceptable wetted materials of construction: _____

Power: 24VDC 24VDC Loop Power 120VAC Other: _____

Signal Output: mA Frequency Pulse Other: _____

Output(s) Range(s): _____

Communications Protocol: None HART® Other: _____

Hazardous area: No Yes FM CSA Class _____ Division _____

Converter Style: Compact Remote Remote cable length required: _____ feet

Requested Technology: Electromagnetic Mass Ultrasonic

VA Vortex Other: _____

Application Status:

Operating currently using: _____ New Application



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Sketch: