

Application Documentation Sheet: Air-Pro®

Owner's Name: _____

Contractor's Name: _____

Project Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____



Application Information:

Compressed Air or Gas? Specify _____ Concentration: _____

Instrument Air? Yes / No

Process Air? Yes / No

Dew Point of Air: _____ (°F)

Maximum Operating Pressure:

Positive _____ (psi)

Negative/Vacuum _____ (-psi) or inch (Hg) or (H₂O)

Media Operating Temperature: Max. _____ Min. _____ (°F)

External Temperature Range: Max. _____ Min. _____ (°F)

Total System CFM Requirement: _____ (CFM)

Approx. Total Footage of Pipe: _____ (ft.)

Approx. Total Number of Fittings: _____ (90's) (45's) (Tees)

Indoors? Yes / No

Outdoors? Yes / No

Buried? Yes / No

Corrosive Environment? Yes / No Specify: _____

Installation Information:

Owner/Contractor has own tools? Yes / No Rental tools required? Yes / No

Owner/Contractor will need tool training and certification? Yes / No

Project may require some factory pre-fabrication. Yes / No

