



Tag No: _____

Customer	Company: _____ Address: _____ City, State, Zip: _____	Contact: _____ Phone: _____ Fax: _____ E-mail: _____
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Fluid Data	o Name: _____ Description: _____ o Concentration % (if applicable): _____ o Viscosity, min: _____ max: _____ units: _____ cPs, cSt, SSU, etc	o Does Fluid Contain Solids? _____ (Yes or No) if yes, particle size/type/desc: _____ _____ % Solids: _____ (approx.) o Does Fluid Contain Gas or Entrained Air? _____ Y/N if yes, % gas: _____ (approx.)
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Operating Conditions	<p>FOR LIQUIDS</p> o Flow Rate: design: _____ units: _____ minimum: _____ units: _____ (gpm, gph, l/h, m ³ /h, other) maximum: _____ units: _____ o Density: _____ lbs/ft ³ or Specific Gravity _____ <p>FOR GASES</p> o Flow Rate: design: _____ units: _____ % Rate Accuracy _____ min: _____ units: _____ (SCFM, SCFH, ACFM, ACFH) _____ % Rate Accuracy _____ max: _____ units: _____ _____ % Rate Accuracy _____ o Density: _____ lbs/ft ³ or Specific Gravity _____ ----- o Is Flow Continuous or Pulsing / Batch? _____ Describe Pulse Timing, Pump Type, or Batch Size: _____ _____ o Temperature / Pressure (at meter site): Operating Fluid Temp, min: _____ normal: _____ max: _____ Deg (°F or °C) _____ Ambient Temperature, min: _____ normal: _____ max: _____ Deg (°F or °C) _____ Operating Pressure, min: _____ normal: _____ max: _____ psig _____
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Equipment	o Output Requirements: Yes or No: _____ 4-20mA (2-wire): Measured Parameter: _____ Range _____ o Limit Switches? Yes or No: _____ if yes, how many: _____ via HART: _____ o Totalizer? Yes or No: _____ via HART: _____ 6-digit: _____ 8-digit: _____ o Communication? Yes or No: _____ HART: _____ Profibus PA: _____
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Equipment	o Connections:	ANSI 150# _____	ANSI 300# _____	ANSI 600# _____
		ANSI 900# _____	ANSI 1500# _____	Sanitary: _____
		Threaded: _____	Other: _____	
	o Wetted Materials:			
	METAL DEVICE			
	SST: _____	Hastelloy C4: _____	Titanium: _____	Monel: _____ PTFE: _____
	Ceramic: _____	Hastelloy: _____		
	GLASS DEVICE			
	Measuring Cone:	Borosilicate glass: _____	Polysuphane: _____	
	Housing: SST: _____	Brass: _____	PVDF: _____	Polysuphane: _____
		Steel plate galvanized and coated:		

Location	o Pipe Orientation:	Horizontal: _____	Vertical: _____	Inclined: _____
		If vertical or inclined, is flow direction:	Up: _____	Down: _____
	o Will the Primary be Located in a Hazardous Area?	Yes: _____	No: _____	
		If yes, Specify:	Division 1: _____	Division 2: _____
	o Protection Class:	IP65: _____	IP67: _____	NEMA 4: _____ NEMA 4X: _____
		NEMA 6: _____		

OTHER	o Describe your flow measurement problem and what it is you wish to accomplish:	_____

Please Email or fax Application Information Form to;
 Email: sales@txflowsolutions.com
 Fax: (281) 866-7834