

	Date
Company _____ Address _____	
City _____ State _____ Country _____ Zip _____	
Telephone _____ Fax _____	
Requested By _____ Title _____	
Contact at SHURflo: _____	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Beverage <input type="checkbox"/> General Industrial <input type="checkbox"/> Marine <input type="checkbox"/> RV <input type="checkbox"/> Soil Extraction <input type="checkbox"/> Water	

1) **Rated Voltage:** AC DC Power Source:

2) **Operating Flow Rate and Pressure Requirements:**

Min. Operating Flow @ or @

Max. Operating Flow @ or @

3) **Type of Control:**

Demand Switch: Max Pump Shutoff Pressure

Bypass Configuration; Max Bypass Pressure

Manual Float Switch Solenoid Timer

Other:

4) **Size Requirements Max Dimensions:**

5) **Duty Cycle:** Continuous Intermittent System on Time

Other:

6) **System Plumbing Configuration:**

7) **Priming Requirements:** Self Prime: Yes No Flooded Inlet: Yes No

8) **Dry Run Capabilities:** Yes No

9) **Liquid to be Pumped:**

Min. Temp of Liquid Max. Temp of Liquid

10) **Environment:** Ambient Temperature Humidity

11) **Number of Nozzles/Orifices to be used:** Size each

12) **Agency Approvals Required :** _____

13) More information on back Drawing on back

14) Please give a brief description of system and expectations of pump: _____

DRAWING / SKETCH



OFFICE USE ONLY

Recommended Model: P/N _____ Date: _____

Recommended by (Name): _____

Sample requested: Yes No Shipper No. _____

Comments: _____



* ISO 9001 Registered site

Visit our website @ <http://www.shurflo.com>



SHURflo® reserves the right to update specifications, change prices, or make substitutions without notice.

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