

In order for Atlantic Ultraviolet Corporation® to determine optimum design for each application, the following information should be provided. Thank you!

COMPANY: _____ DATE: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE #: _____ FAX: _____

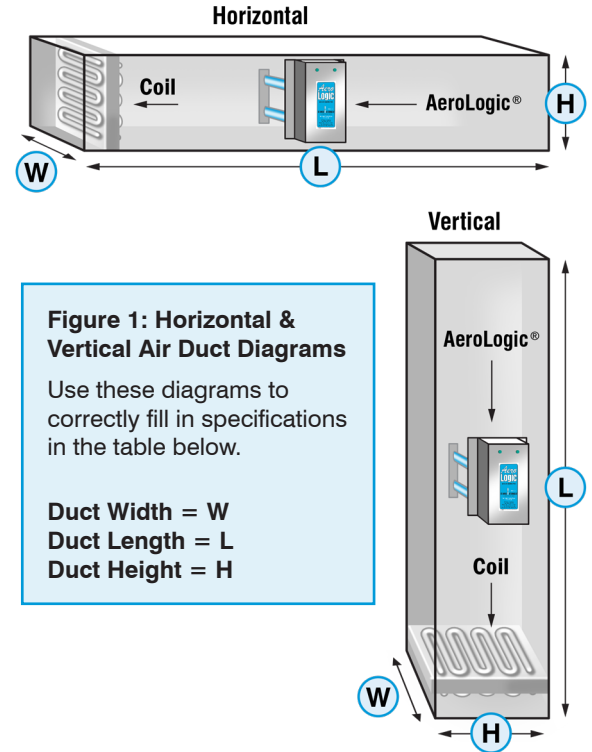
EMAIL: _____

PROJECT OR JOB NAME: _____

TYPE OF APPLICATION: MEDICAL RESIDENTIAL OTHER

CAN BALLAST HOUSINGS BE MOUNTED OUTSIDE DUCT? YES NO

NUMBER OF AIR HANDLING SYSTEMS: _____



DUCT	SPECIFICATIONS (See Figure 1 Above)	
1.	Duct Width W (Lamp Length):	Air Temp:
	Duct Length L (Air Flow): (Straightest path prior to separation)	Air Flow (CFM):
	Duct Height H :	Duct Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
2.	Duct Width W (Lamp Length):	Duct Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
	Duct Length L (Air Flow): (Straightest path prior to separation)	Air Temp:
	Duct Height H :	Air Flow (CFM):
3.	Duct Width W (Lamp Length):	Duct Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	Duct Length L (Air Flow): (Straightest path prior to separation)	Duct Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
	Duct Height H :	Air Temp:
		Air Flow (CFM):
		Duct Orientation: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
		Duct Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor

RECOMMENDATIONS / ADDITIONAL NOTES: _____

