

Company Name: _____

Contact Person: _____ Contact No: _____

TICK the appropriate application:

ON ROAD	AGRICULTURE	UTILITIES	CONSTRUCTION	MARINE
Car <input type="checkbox"/>	Tractor <input type="checkbox"/>	Fire Pump <input type="checkbox"/>	Grader <input type="checkbox"/>	Ferry <input type="checkbox"/>
Truck <input type="checkbox"/>	Harvester <input type="checkbox"/>	Water Jet Pump <input type="checkbox"/>	Bulldozer <input type="checkbox"/>	Tug boat <input type="checkbox"/>
Bus <input type="checkbox"/>	POWER GENERATION		Excavator <input type="checkbox"/>	Yacht / Cruiser <input type="checkbox"/>
MATERIAL HANDLING		MINING	Drilling Rig <input type="checkbox"/>	Barge <input type="checkbox"/>
Container Forklift <input type="checkbox"/>	Stationary Generator <input type="checkbox"/>	Mining Dump Truck <input type="checkbox"/>	Loader / Skidsteer <input type="checkbox"/>	
Standard Forklift <input type="checkbox"/>	Mobile Generator <input type="checkbox"/>	Mining Excavator <input type="checkbox"/>	Crane <input type="checkbox"/>	
Scissor Lift <input type="checkbox"/>	LOCOMOTIVE		OTHER	
	Maintenance Vehicles <input type="checkbox"/>	Mining Scraper <input type="checkbox"/>		

Choose one or more elements to control :				ENGINE DETAILS <small>(Fill in and TICK details as required)</small>			
SPARKS <input type="checkbox"/>	EMISSIONS <input type="checkbox"/>	NOISE <input type="checkbox"/>	PERFORMANCE <input type="checkbox"/>	Make:			
Does it need to comply to a standard?	What needs to be reduced?	dBa Requirement	Internal Design Type:	Model:			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Harmful Gases <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Semi-Baffled <input type="checkbox"/>	Size:	Ltr	Cylinders	
	Particulates (Soot) <input type="checkbox"/>	dBA	Straight Through <input type="checkbox"/>	Power:	hp	OR	kw
	Required Reduction %			Fuel Type:	DIESEL <input type="checkbox"/>	PETROL <input type="checkbox"/>	GAS <input type="checkbox"/>
MATERIAL	ALUMINISED <input type="checkbox"/>	STAINLESS <input type="checkbox"/>	QUOTE BOTH <input type="checkbox"/>	Turbo Charged:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MOUNTING DETAILS <small>(TICK details required)</small>							
Vertically Mounted <input type="checkbox"/>	Horizontally Mounted <input type="checkbox"/>	Barrel Mounted <input type="checkbox"/>	Pipe Mounted <input type="checkbox"/>	Under Bonnet Mounted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Double Skin Required <input type="checkbox"/>	Brackets Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes please show on drawing			

For accurate quoting and manufacturing, a drawing with exact dimensions is required if a sample is not available. Please specify if tube inlet and outlets are ID or OD measurements.

Draw Clock Positions on either **ROUND** or **OVAL** Profile Qty Required: _____ Date Required: / /

