

To: _____ Fax Number: _____

From: _____ Fax Number: _____

FLO-COMMANDER™

Application Data Sheet



Phone: 864.574.8060 • 800.778.9242
Applications Engineering Fax: **864.574.8062**

Company Name: _____	Contact/Title: _____	
Street Address: _____		
City: _____	State/Province _____	Zip/Postal Code: _____
Phone:() _____	Fax:() _____	E-mail _____

Please complete and fax both pages to an Applications Engineer for review.

System Parameters:

Number of Flo-Commanders Required: _____
Intended Running Flow Rate Range(ib/hr.): Minimum(not 0) _____ Maximum: _____

Material Information:

Name (specific & generic): _____
Type: Powder Granular Flake Pellet Other: _____
Particle Size: Minimum: _____ Average: _____ Maximum: _____
Characteristics (free flowing, bridging, rat holes, build-up/coating, abrasive, sticky, etc.): _____

Bulk Density (lbs/cf, or g/cc): _____

Material Compatible with: Electroless Nickel-Plated Carbon Steel (Y/N) _____ 304 SS(Y/N) _____
Other: _____

Moisture Content (%): Minimum: _____ Average: _____ Maximum: _____

Aeration Present (Y/N): _____

Temperature (°F/°C): Minimum: _____ Average: _____ Maximum: _____

Pressure (psi): Above Feeder _____ Below Feeder _____

Electrical Considerations:

Input Power Available: 120VAC _____ 240VAC _____ Other: _____

Output: 4/20mA _____ RS232 _____ RS485 _____ Relays _____ Other: _____

Fire or Explosive Hazard (Y/N): _____ If Yes, source of hazard (this product or other): _____

Electrical Area Classification (Class, Division, Group): _____

Feeder Mounting Arrangement:

Where does input flow come from?

Hopper _____ Hopper Angle (from horiz.) _____ Height _____ Dimensions _____

Silo _____ Hopper Angle (from horiz.) _____

Chute _____ Vertical Angled If angled, degree from vertical _____

Current Vessel Discharge size: _____

Is a slide gate valve present? (Y/N) _____

Where does material discharge?

Rotary valve to pneumatic conveying system Truck or railcar Screw feeder

Belt feeder Vibratory feeder Other _____

Please provide a drawing showing the current or proposed flow system.

Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	cc:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212