

LIVOS TECHNOLOGIES, LLC.

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(772)220-1524 (772)220-1592 (FAX)

REFERENCE NO. _____
DATE: ____ / ____ / ____

VENTILATION DESIGN REQUEST FORM

BILLING AND SHIPPING ADDRESS

BILL TO:

CUSTOMER NAME _____
COMPANY NAME _____
STREET ADDRESS _____
CITY _____
STATE _____
ZIP _____
COUNTRY _____

SHIP TO:

CUSTOMER NAME _____
COMPANY NAME _____
STREET ADDRESS _____
CITY _____
STATE _____
ZIP _____
COUNTRY _____

VESSEL PARTICULARS

NAVAL ARCH./ DESIGNER _____
MANUFACTURER _____
HULL ID NUMBER _____

VESSEL NAME _____
MODEL _____ YEAR _____
LOA _____ BEAM _____
CLASS SOCIETY _____

ENGINE ROOM GEOMETRY

ROUGH VOLUME

HEIGHT= _____
LENGTH= _____
WIDTH= _____

TANKAGE DEDUCTIONS

TANK 1	_____ GAL.	TANK 4	_____ GAL.
TANK 2	_____ GAL.	TANK 5	_____ GAL.
TANK 3	_____ GAL.	TANK 6	_____ GAL.

MACHINERY PARTICULARS

MAIN ENGINE(S)

MFG _____
MODEL _____
RATED HP _____
ENG. RPM _____
MFG RATING _____
ENGINE QUANTITY _____

GENERATOR(S)

MFG _____
MODEL _____
RATED KW _____
GEN. RPM _____
GEN. QUANTITY _____

VESSEL POWER: _____ V. _____ PH. _____ HZ.

DESIGN REQUIREMENTS

EQUIPMENT REQUESTED FOR QUOTATION

CONTROLS

_____ DC THERM.
_____ MANUAL
_____ THERM.
_____ PRESS./TEMP.
_____ NONE

FANS

_____ DC AXIAL
_____ AC AXIAL (1 PH.)
_____ DC CENTRIFUGAL
_____ AC CENTRIFUGAL
_____ AC TUBE AXIAL (3 PH.)
_____ NONE

DAMPERS

_____ ALUM. RECT.
_____ RATED SS RECT.
_____ ALUM. ROUND
_____ SS ROUND
_____ NONE

MIST ELIMINATORS

_____ FACE DRAIN
_____ BOTTOM DRAIN
_____ SUMP DRAIN
_____ HORIZ.
_____ GRILLE
_____ NONE