

Bucket Elevator RFQ

Return Completed Form to:

sales@cdmsys.com Fax: 763-428-9701

Need Assistance? Call Us: 763-428-9700

General Information (*Indicates a required field)

Customer type:				M		
User	OEM	D	istributor	Manufacturing rep	presentative	
Name*				Company*		
Street Address*				City*	State* Zip Code*	
Email*				Phone*		
Number of conv	veyors:	Material to b	e handled (name ar	nd/or description):		
Material density	y per cubic f	oot:		AC (municipal) power of	lata:	
fo	or capacity		for horsepower volts phase		phase	Hz
Material size (si	ieve analysis)	: Maximum I	ump size:	Construction material:		
)(Mild steel 30	4 stainless 316 stainle	:SS
Minimum material temperature:		Maximum material temperature:		Other (specify):		
	°F	$\overline{}$	°F	Operating hours per da	<u>y:</u>	
Material charac	teristics (che	eck all that app	olv):			
Abrasive)		Discharge method:			
Friable	Sticky	Other:			ntinuous	
Moisture percei	ntage:	Repose an	ale:	Other (specify):		
	%	<u> </u>	degrees	Drive mechanism:	Head service platfor	rm:
				Belt Chain	Yes No	
Minimum feed rate (in tons per hour):		Maximum capacity (in tons per hour):		Intermediate platform:		
TPH)(ТРН	Yes No Quantity:		
		Di	muovildo con estable	fallandar me		
				following measurements:	l ift	
Laddan't		ft.	in. Shaft cent			
Ladder/cage le	ngth (OSHA	standard is ev		Drive position as viewed f	rom discharge:	
			ft.	RH LH		





Bucket Elevator RFQ

Return Completed Form to:

sales@cdmsys.com Fax: 763-428-9701

Need Assistance? Call Us: 763-428-9700

Unusual operating conditions or special construction requirements (please specify):



Additional information or sketch of desired elevator:

