

AIR DUCT ULTRAVIOLET DISINFECTION UNITS - APPLICATION SHEET

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 #: _____

E-MAIL: _____

PROJECT OR JOB NAME: _____

TYPE OF APPLICATION(Medical/Residential/other): _____

CAN BALLAST HOUSINGS BE MOUNTED OUTSIDE DUCT? _____

NUMBER OF AIR-HANDLING SYSTEMS: _____

DUCT	SPECIFICATIONS	
1.	DUCT WIDTH:	DUCT HEIGHT:
	DUCT LENGTH: <small>(straightest path prior to separation)</small>	AIR FLOW (CFM):
	AIR TEMP:	DUCT LOCATION: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
2.	DUCT WIDTH:	DUCT HEIGHT:
	DUCT LENGTH: <small>(straightest path prior to separation)</small>	AIR FLOW (CFM):
	AIR TEMP:	DUCT LOCATION: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
3.	DUCT WIDTH:	DUCT HEIGHT:
	DUCT LENGTH: <small>(straightest path prior to separation)</small>	AIR FLOW (CFM):
	AIR TEMP:	DUCT LOCATION: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR

RECOMMENDATIONS/ADDITIONAL NOTES:

E-MAIL OR FAX SHEET TO:



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