



Dust Collection Application Solution Request

First Name _____ Last Name _____
Company Name _____ Email _____
Address 1 _____ Address 2 _____
State _____ Zip _____
Phone _____

Quote needed by: Date _____ Time _____ am _____ pm _____

Please include spec sheet or other documentation in your fax.

Already a Waco customer? Yes _____ No _____

Application: _____

Present Filter Media in Use _____

Collector (Make/Model): _____

Total Bags Required _____ Total CFM of System: _____

Total Cartridges Required _____ Total CFM of System: _____

Bag Dimensions: Top _____ Bottom _____ Middle _____

Cartridge Dimension: OD _____ ID _____ Ht _____

If cartridge is single open end bolt hole size (inches) _____

Cartridge Gasket: OD _____ ID _____ Ht _____

Cage Construction or Design _____

Operating Temp: Low _____ Avg _____ High: _____

Inlet Temperature _____ Air Flow Rate: Design _____ Air Flow Rate: Actual _____

Design Delta P: _____ Particle size analysis: _____ Gas analysis: _____ Dust analysis: _____

Thank you for your quotation request. Please fax this form Attn: Randy Moore 813-360-4020 or call 800-326-9226 ext. 105 if you have any questions. We will respond to you within 24 hours of when this request was submitted.