

DATE: _____



RMAPS – Request for Mars Application and Product Selection

In order to provide proper model selection, the information below must be completed and returned to the individual listed at the bottom of this form.

Company Name:		Contact Name:	
Project Name:		Location:	
Phone:	Fax:	Email:	

- Installation:** Manufacturing Plant Warehouse Food Processing Plant Office or Retail Building Restaurant Cold Storage Facility Other _____
- Application (check all that apply):** Building Temperature Control Refrigerated Room Temperature Control Environmental Separation Repel Strong Wind Gusts Insect Control Other _____
- Size of Door or Window Opening (in FT):** _____ Height X _____ Width
- Location of Door or Window Opening :**
 Exterior Wall – Separating the outside elements from the inside of the building.
 Opening faces North South East West UNKNOWN
 Interior Wall – Separating two interior workspace areas
- Is a Heated Air Curtain Desired?** YES NO UNKNOWN – If yes, check form of heat:
 Electric Steam Hot Water Indirect Fired Gas
- Building Conditions:** *NOTE: All lines MUST be complete to be processed*
 A. Negative Pressure: YES NO UNKNOWN
 B. Operating Voltage, Phase and Frequency: _____ Volts _____ Phase _____ Hertz (60Hz Standard)
 C. Door Type: Single-Hinged Double-Hinged Sliding Roll-up Return Track Vertical Lift Garage Style
 Other: _____
 D. Number of independent moving doors the air curtain is to be mounted over: ONE TWO (i.e. double-hinged)
- Any obstruction above door opening that will hinder the air curtain’s outlet air flow and require it to be mounted away from wall (i.e.: roll-up drum, track hardware, pipes, etc.)? YES NO UNKNOWN
 If YES, please explain in Additional Comments section.

Additional Comments:

Additional Information Requested (check all that apply):
 Quote Submittal Drawing / Specification Product Brochure

RETURN TO: _____	EMAIL: _____
PHONE: _____	FAX: _____