



Application Approval Form [AAF]

Company Name:		Date:	
Street:	City:	State:	Zip:
Contact Name:		Title:	
Phone:	Fax:	E-mail:	
Representative:			

1	Product Name			
2	Bulk Density		<input type="checkbox"/> g/cc	<input type="checkbox"/> lb/cu.ft.
3	Quantity of tanks to be monitored			
4	Potential quantity of tanks to be monitored			
5	Max Pressure		<input type="checkbox"/> psi	<input type="checkbox"/> Bar
6	Max temp inside bin		<input type="checkbox"/> °C	<input type="checkbox"/> °F
7	Vessel Shape	<input type="checkbox"/> Square <input type="checkbox"/> Round		
8	If <u>square</u> supply	Length:	Width:	Height: <input type="checkbox"/> m <input type="checkbox"/> ft
9	If <u>round</u> supply	Diameter:	Height:	<input type="checkbox"/> m <input type="checkbox"/> ft
10	Internal Structure	<input type="checkbox"/> Cleanout Cage <input type="checkbox"/> Agitator <input type="checkbox"/> Stiffening Bars <input type="checkbox"/> Bag House <input type="checkbox"/> Temp cables <input type="checkbox"/> Aeration Tubes <input type="checkbox"/> corrugations <input type="checkbox"/> Other:		
11	Internal Movement	<input type="checkbox"/> No <input type="checkbox"/> Yes please describe		
12	Explosive area	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please designate classification:		
13	24vDC Power available	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14	Outputs required	<input type="checkbox"/> 4..20mA <input type="checkbox"/> RS485 <input type="checkbox"/> Both		
15	Outputs used for	<input type="checkbox"/> Inventory <input type="checkbox"/> Control <input type="checkbox"/> Both		
16	Previous technology used:			

*Please provide Blueprints of container's shape and expected mounting location.

Approved By:

Please fax the completed form to 901-357-1379 or email to centro@centromemphis.com.