

## REQUEST FOR QUOTE FORM

<b>General Information</b>				
<b>From:</b> _____	<b>Project Name:</b> _____			
<b>Date:</b> _____	<b>Bid Date:</b> _____			
<b>KVA:</b> _____	<b>PHASE:</b>	<b>FLUID:</b>	<b>TEMP RISE:</b>	<b>AMBIENT:</b>
	<input type="checkbox"/> Three	<input type="checkbox"/> Oil	<input type="checkbox"/> 65° C	<input type="checkbox"/> 30° C Avg.
	<input type="checkbox"/> Single	<input type="checkbox"/> R-Temp	<input type="checkbox"/> 55° C	<input type="checkbox"/> 40° C Avg.
		<input type="checkbox"/> Silicone	<input type="checkbox"/> 55/65° C	<input type="checkbox"/> Other: _____
<b>Quantity:</b> _____				
<b>HV:</b> _____	<b>BIL</b> _____	<b>KV</b> _____	<b>TAPS:</b> <input type="checkbox"/> 2 @ 2-1/2% FCAN & BN	
<b>Connection:</b> <input type="checkbox"/> Delta	<b>Material:</b>	<input type="checkbox"/> Copper	<input type="checkbox"/> Specify: _____	
<input type="checkbox"/> Wye		<input type="checkbox"/> Aluminum		
<input type="checkbox"/> Grd. Y				
<b>LV:</b> _____	<b>BIL</b> _____	<b>KV</b> _____	<b>Impedance:</b> <input type="checkbox"/> ANSI Standard	
<b>Connection:</b> <input type="checkbox"/> Delta	<b>Material:</b>	<input type="checkbox"/> Copper	<input type="checkbox"/> Specified: _____%	
<input type="checkbox"/> Wye		<input type="checkbox"/> Aluminum		

<p style="text-align: center;"><b>Padmount:</b> <input type="checkbox"/></p> <p>Live Front: <input type="checkbox"/>      Dead Front: <input type="checkbox"/>                      Radial Feed: <input type="checkbox"/>      Loop Feed: <input type="checkbox"/></p> <p><b><u>HV Switching:</u></b>                      None: <input type="checkbox"/>                      On/Off 2 Pos. _____ amp: <input type="checkbox"/>                      Other (specify) _____: <input type="checkbox"/></p> <p><b><u>HV Fusing:</u></b>                      None: <input type="checkbox"/>                      Bayonet Type: <input type="checkbox"/>                      Current Limiting Dry Well Type: <input type="checkbox"/>                      Current Limiting Under Oil: <input type="checkbox"/>                      Other (specify) _____: <input type="checkbox"/></p> <p><b><u>HV Surge Protection:</u></b>                      None: <input type="checkbox"/>                      Specify _____; _____ KV; _____ EA: <input type="checkbox"/></p> <p><b><u>Gauges:</u></b>                      Pressure Relief Valve: Standard                      Dial Type Therm.: <input type="checkbox"/>      w/Contacts: <input type="checkbox"/>                      Liquid Level: <input type="checkbox"/>      w/Contacts: <input type="checkbox"/>                      Pressure/Vacuum: <input type="checkbox"/>      w/Contacts: <input type="checkbox"/>                      Other: _____: <input type="checkbox"/></p>	<p style="text-align: center;"><b>Substation:</b> <input type="checkbox"/></p> <p><b><u>Cooling:</u></b>                      OA: <input type="checkbox"/>      OA/FFA: <input type="checkbox"/>      OA/FA: <input type="checkbox"/></p> <p><b><u>HV Configuration:</u></b>                      Cover Mtd. Bushings: <input type="checkbox"/>                      Flange: <input type="checkbox"/>                      Throat: <input type="checkbox"/>                      Air Terminal Chamber: <input type="checkbox"/></p> <p><b><u>LV Configuration:</u></b>                      Cover Mtd. Bushings: <input type="checkbox"/>                      Flange: <input type="checkbox"/>                      Throat: <input type="checkbox"/>                      Air Terminal Chamber: <input type="checkbox"/></p> <p><b><u>HV Surge Protection:</u></b>                      None: <input type="checkbox"/>                      Specify _____; _____ KV; _____ EA: <input type="checkbox"/></p> <p><b><u>Gauges:</u></b>                      Dial Type Therm.: Standard      w/Contacts: <input type="checkbox"/>                      Liquid Level: Standard      w/Contacts: <input type="checkbox"/>                      Pressure/Vacuum: <input type="checkbox"/>      w/Contacts: <input type="checkbox"/>                      Pressure Relief Device: <input type="checkbox"/>                      Other: _____: <input type="checkbox"/></p> <p><b>Specific Dimensions Required (Retrofit-attach drawing):</b> <input type="checkbox"/></p>
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**Other Options (i.e., Special Paint Color, Metering, Circuit Breakers, Key Interlocks,....etc.):**

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**Special Testing Requirements:**

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***FAX Your Request to: Myers Power Products (951) 520-1961***