



SILENT
We're The Vibrator Guys.™

FAX: 401-539-2584
PLEASE COMPLETE ALL FIELDS FOR
PROPER TABLE RECOMMENDATION

COMPANY _____
 CONTACT NAME _____
 ADDRESS _____

 PHONE _____ FAX _____
 EMAIL _____

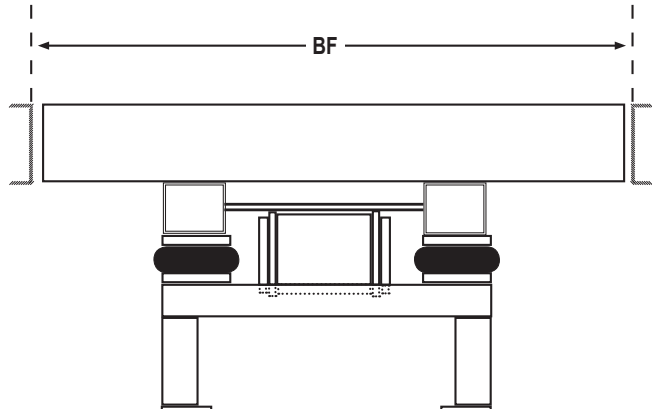
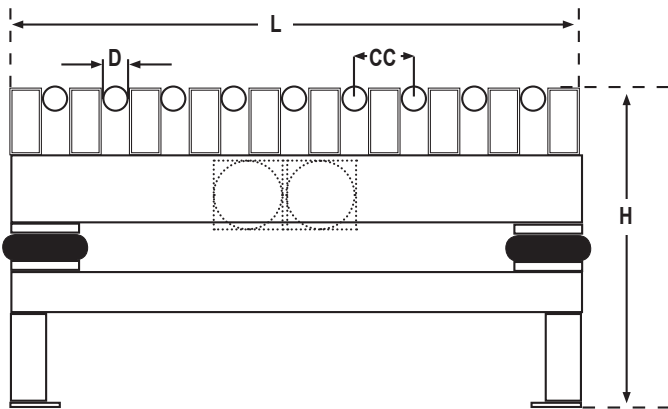
OPERATION

Duty Cycle: Continuous Intermittent
 Vibration to be used for: Packing Settling Testing Compaction Other: _____
 Type of Container (steel drum, form, carton, etc.): _____
 Gross Weight to be vibrated: _____ lbs.
 Net Weight to be vibrated: _____ lbs.
 Frequency Required (if known): _____ VPM
 Please provide a description of any unusual operating conditions (high temp, dirty atmosphere, etc.): _____

 Weigh Feature to Be Used? Yes No

CONSTRUCTION

Desired Length (L) _____ Distance Between Frames (BF) _____
 Include Roller Conveyor Section with Table? Yes No
 Height, Top of Roller (H) _____ Roller Diameter (D) _____ Roller Distance, Center to Center (CC) _____
 Please provide a description of any special construction features required (explosive proof, clamping arrangement, etc)



PLEASE INCLUDE

engineering drawings & digital picture(s) of application and email them to vibrators@vibco.com. Or please include dimensions & notes regarding your application/problems on this form and fax it to 401-539-2584.

PRODUCT

Type of Material (not brand name): _____
 Test Sample to Be Furnished (1 cubic foot required): Yes No Return It? Destroy It?
 Weight per cubic foot: _____ lbs. Angle of Repose: _____
 Material Characteristics: Dry Flaky Granular Corrosive Wet
 Sticky Abrasive Explosive Powdery Fluffy
 Toxic Hygroscopic Other _____
 Particle Size: Maximum _____ Minimum _____ Moisture Content _____

POWER AVAILABLE

AIR Volume _____ CFM _____ PSI pressure at vibrators (not at compressor): _____
 ELECTRIC Phase _____ Volts _____ Cycles _____ AC _____ DC _____