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## Request Proposal for an Air Cleaning Blower™

Explain your Problem/Application:			
Type of Facility in which you will use the ACB:			
Kinds of and Sizes of Particles in the Air:			
Electrical Configuration:			
Dust Load (Circle One):    Heavy        Medium        Light			
Airflow Required: ( <i>CFM or M3/hr</i> )		Air Pressure Required: ( <i>Inches W.G. or kPa</i> )	
Are Dusts Hazardous (Explosive): Yes/No <i>*If Yes please fill out NEC/IECEX</i>		*NEC(USA) Class:            Group(s):            Division:	
		*IECEX/ATEX: Group:            Zone:	
Types of Corrosion Present:		Type of Application (Circle One): Indoor        Outdoor        Both	
Number of Units Needed:			
Salutation:	First Name:		Surname:
Position/Title (if applicable):		Company (if applicable):	
Email:			
Address:			
City:	State/Province:	Postal Code:	Country:
Telephone Country Code:	Telephone City/Area Code:	Telephone Number:	
Information/Comments:			

Thank you for your interest in Air Cleaning Blowers. Please email this form to  
[OfficeManager@AirCleaningBlowers.com](mailto:OfficeManager@AirCleaningBlowers.com) or [Marketing@AirCleaningBlowers.com](mailto:Marketing@AirCleaningBlowers.com)