DELTA-THERM.COM

DELTA-THERM

STAIR SNOW MELTING QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480

2. What type of stairs are you snow melting?
   - ☐ Concrete
   - ☐ Metal Pan
   - ☐ Other, Please Specify:

3. How many steps are there?
   What is the width of each step:_____
   What is the depth of each step:_____
   What is the riser height of each step:_____

4. What are the dimensions of any landings?
   _____ Length x _____ Width
   _____ Length x _____ Width
   _____ Length x _____ Width

5. Are the stairs open to moving air below?
   - ☐ Yes
   - ☐ No

6. Will the stairs be insulated?
   - ☐ Perimeter Only
   - ☐ Below Only
   - ☐ Insulated Below And Insulated Around Perimeter
   - ☐ No Insulation

7. Would you like us to quote M.I. cable or Step Snow Melting Mats?
   - ☐ M.I. Dual Conductor Snow Melting Cable Assembly
   - ☐ Step Snow Melting Mats
   - ☐ Please Recommend

8. What is the distance to the nearest junction box or control? _____

9. What type of control would you like us to quote?
   - ☐ MPS
   - ☐ MPS, MP slab sensor
   - ☐ DTC120-S
   - ☐ DTC120-PS
   - ☐ Please Recommend

10. What type of panel do you need?
    - ☐ GFPE Power Relay Panel
    - ☐ Enclosed Contactor Panel
    - ☐ Custom Control/Monitor Panel
    - ☐ Please Recommend
    - ☐ Do Not Need A Panel

Comments:

_____

_____

_____

Please fax this form to: (847) 526-4456
On-line form can be submitted on www.delta-therm.com

PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM A DRAWING OF THE STAIR(S)

DELTA-THERM Corporation, P.O. Box 345, Wauconda IL, 60084 (847) 526-2407 Fax (847) 526-4456 **(800) 526-7887**

DELTA-THERM.COM

DELTA-THERM

SLAB SNOW MELTING QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480

2. What type of slab are you snow melting?
   - ☐ Pedestrian Usage
   - ☐ Vehicular Usage
   - ☐ Handicap Ramp
   - ☐ Emergency
   - ☐ Tire Tracks

3. What type of material will you be embedding the cable or mat in?
   - ☐ Concrete
   - ☐ Asphalt
   - ☐ Concrete Beneath Pavers
   - ☐ Sand Bed Beneath Pavers

4. What are the dimensions for the area(s) to be melted?
   _____ Length X _____ Width
   _____ Length X _____ Width
   _____ Length X _____ Width

5. Does the slab contain expansion joints?
   - ☐ Yes, Please Specify _____
   - ☐ No

6. Is the slab open to moving air below?
   - ☐ Yes
   - ☐ No

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

7. Will the slab be insulated?
   - ☐ Perimeter Only
   - ☐ Below Only
   - ☐ Insulated Below And Insulated Around Perimeter
   - ☐ No Insulation

8. Would you like us to quote M.I. cable or Snow Melting Mats?
   - ☐ M.I. Single Conductor Snow Melting Cable Assembly
   - ☐ Snow Melting Mats
   - ☐ Please Recommend

9. What is the distance to the nearest junction box or control?
   _____

10. What type of control would you like us to quote?
    - ☐ MPS With RG Sensor
    - ☐ MPS With MP Slab Sensor
    - ☐ DTC120-S
    - ☐ DTC120-PS
    - ☐ Please Recommend

11. What type of panel do you need?
    - ☐ GFPE Power Relay Panel
    - ☐ Enclosed Contactor Panel
    - ☐ Custom Control/Monitor Panel
    - ☐ Please Recommend
    - ☐ Do Not Need A Panel

Comments:

_____

_____

_____

Please fax this form to: (847) 526-4456
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PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM A DRAWING OF THE SLAB(S)

DELTA-THERM.COM

DELTA-THERM

FLOOR WARMING QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Project Name: _____

Type of Area to be Heated: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277

2. What is the sq. footage of the open area to be heated?

   You cannot heat under built-in fixtures and cable cannot be installed in walls. The open area to be heated = total room area - built-in fixture areas.

   _____

3. Will the floor contain expansion joints?
   - ☐ Yes
   - ☐ No

4. Will the floor warming system be used for primary heat in addition to floor warming?
   - ☐ Yes, Please Specify the Room Heat Loss: _____
   - ☐ No

5. What type of embedding material will you be using?
   - ☐ Thin Set
   - ☐ Self-Leveling Compound
   - ☐ Concrete
   - ☐ Other, Please Specify: _____

6. How thick will the embedding layer be? _____

7. What type of floor covering will be installed over the floor warming system (R-Value needs to be below 2.5)?
   - ☐ Tile, Marble, or Stone
   - ☐ Laminate or Floating Hardwood
   - ☐ Hardwood with Sleepers
   - ☐ Vinyl
   - ☐ Carpet and Padding
   - ☐ Other, Please Specify: _____

8. Would you like us to quote 2FW cable, FW cable, M.I. cable or Radiance Mats?
   - ☐ 2FW Cable
   - ☐ FW Cable
   - ☐ FE Radiance Mats
   - ☐ M.I. Single Conductor Floor Warming Cable Assembly
   - ☐ Please Recommend

9. What is the distance to the nearest junction box or control? _____

10. What type of control would you like us to quote?
    - ☐ F15A (120/208/240 VAC thermostat)
    - ☐ Other, 277VAC application

11. Will you need a panel?
    - ☐ Low Noise Relay Panel
    - ☐ Enclosed Contactor Panel
    - ☐ Custom Control/Monitor Panel
    - ☐ Please Recommend
    - ☐ Do Not Need A Panel

Comments:

_____

_____

_____

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PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM
A DRAWING OF THE ROOM(S) WITH BUILT-IN FIXTURES

DELTA-THERM

ROOF AND GUTTER DE-ICING QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480

2. What part of the roof and gutter system do you plan to heat?
   - ☐ Roof, Gutters, And Downspouts
   - ☐ Roof & Gutters Only
   - ☐ Roof Only
   - ☐ Gutter Only
   - ☐ Downspouts Only

3. How long is the roof eave? _____

4. What type of roof is this?
   - ☐ Shingle
     - Roof Pitch: _____
     - Number of Valleys to be Heated: _____
   - ☐ Standing Metal Seam
     - Roof Pitch: _____
     - Number of Valleys to be Heated: _____
     - Distance Between Seams: _____
   - ☐ Flat with Scupper
   - ☐ Flat with Internal Drains
   - ☐ Slate
   - ☐ Other, Please Specify _____

5. How long are the gutters? _____

6. What materials are the gutters made of?

   _____

7. How long are the downspouts and how many are there?

   Number of Downspouts: _____

   Length of Downspouts: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

8. How far does the eave overhang from the building wall?_____

9. Would you like us to quote M.I. cable or SR cable?
   - ☐ M.I. Single Conductor Roof De-Icing Cable Assembly
   - ☐ M.I. Dual Conductor Roof De-Icing Cable Assembly
   - ☐ IN Series Self-Regulating Cable
   - ☐ CO Series Self-Regulating Cable
   - ☐ Please Recommend

10. If you will be installing SR cable on a shingle roof would you like us to quote Ice Melt Panels?
    - ☐ Flat Ice Melt Panels (Valleys, Above Angled)
    - ☐ Angled Ice Melt Panels (Roof Edge)
    - ☐ Combination Of Flat And Angled

11. What is the distance to the nearest junction box or control? _____

12. What type of control would you like us to quote?
    - ☐ MPS
    - ☐ DTC120-G
    - ☐ Please Recommend

13. What type of panel do you need?
    - ☐ Power Control Panel With G.F.P.E.
    - ☐ Enclosed Contactor Panel
    - ☐ Custom Control/Monitor Panel
    - ☐ Please Recommend
    - ☐ Do Not Need A Panel

Comments:

_____

_____

_____

Please fax this form to: (847) 526-4456
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PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM A DRAWING OF THE ROOF(S)

DELTA-THERM.COM

DELTA-THERM

HANGAR DOOR DE-ICING QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480
2. What are the lengths of the rails to be heated?

   _____
3. Is there a pocket for the doors?
   - ☐ Yes
   - ☐ No
4. Where are the drains located?

   _____
5. Are the doors opened in a fixed position?
   - ☐ Yes
   - ☐ No
6. Where is the electrical panel or junction box in reference to the door rails?

   _____
7. Is this new construction or retrofit?

   _____

Comments:

_____

_____

_____

Project Name: _____

Project Location: _____

Project Phase: _____

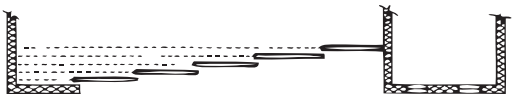
Quote Due By: _____

There are many configurations of how hanger doors open.

Please e-mail drawings (such as those below) that detail the door and rail layout to your customer service representative when requesting a quote.

Detail 1. Snow (Northern) Stack.

Detail 2. Southern Stack.



Detail 3. One-Way System.

Please fax this form to: (847) 526-4456
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DELTA-THERM.COM

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PIPE TRACE - TEMPERATURE MAINTENANCE QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480

2. What type of location are the pipes located in? Please check all that apply.
   - ☐ Indoor
   - ☐ Outdoor
   - ☐ Non-Hazardous
   - ☐ Hazardous
     Please Specify: _____

3. What type of fluid is flowing through the pipe?
   _____
   - ☐ Non-Hazardous
   - ☐ Hazardous
     Please Specify: _____

4. How many pipe lines are you tracing? _____
   Please submit multiple sheets if necessary.

5. Pipe #: _____

5a. Pipe Length: _____

5b. Pipe Diameter: _____

5c. Type of Insulation: _____

5d. Thickness of Insulation: _____

5e. Maintain Temperature: _____

5f. Lowest Expected Ambient Temp.: _____

5g. Wind Speed (if applicable): _____

5h. Pipe Material:
   - ☐ Metal
   - ☐ PVC
   - ☐ Other, Please Specify: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

6. Please list quantity and size of the following on the pipeline?

		Quantity	Size
6a.	Screw Valves:	_____	_____
6b.	Flange Valves:	_____	_____
6c.	Butterfly Valves:	_____	_____
6d.	Pipe Supports:	_____	_____
6e.	Pipe Elbows:	_____	_____
6f.	Pipe Flanges:	_____	_____

7. What is the distance to the nearest junction box or control?
   _____

8. What type of cable would you like us to quote? Please check all that apply.
   - ☐ M.I. Dual Conductor Pipe Tracing Cable Assembly
   - ☐ SR Cable
   - ☐ CW Cable
   - ☐ Please Recommend

9. What type of control and/or panel do you need? Please check all that apply.
   - ☐ Thermostat
   - ☐ Thermostat with Monitor Light
   - ☐ TraceMate
   - ☐ MasterTrace
   - ☐ Power Control Panel With G.F.P.E.
   - ☐ Enclosed Contactor Panel
   - ☐ Custom Control/Monitor Panel
   - ☐ Please Recommend

Comments:
_____
_____
_____

Please fax this form to: (847) 526-4456
On-line form can be submitted on www.delta-therm.com

PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM A DRAWING OF THE PIPE LAYOUT(S)

DELTA-THERM.COM

DELTA-THERM

TANK TRACE - TEMPERATURE MAINTENANCE QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480
2. What type of location are the tanks located in? Pleae check all that apply.
   - ☐ Indoor
   - ☐ Outdoor
   - ☐ Non-Hazardous
   - ☐ Hazardous
     Please Specify: _____
3. What type of fluid is contained in the tank?
   _____
   - ☐ Non-Hazardous
   - ☐ Hazardous
     Please Specify: _____
4. Do you need heat tracing on the pipes leading to and from the tank?
   - ☐ Yes, Please Submit a Pipe Tracing RFQ
   - ☐ No
5. What is the tank shape?
   - ☐ Square
   - ☐ Cylindrical
6. Is there a top on the tank?
   - ☐ Flat
   - ☐ Dome
   - ☐ There is No Top
7. Is the bottom of the tank exposed?
   - ☐ Yes
   - ☐ No
8. What type of insulation will you install?
   _____
9. How thick will the insulation be? _____
10. Will the entire tank be insulated?
    - ☐ Yes
    - ☐ No
      Please specify where the insulation will be installed: _____

11. What is the diameter of the tank?_____

11a. What is the height of the tank? _____

11b. How thick are the tank walls? _____

11c. What material is the tank made of? _____

11d. What is the weight of the tank? _____

11e. What is the fluid level height inside of the tank? _____

11f. What temperature do you need to maintain the tank fluid content at? _____

12. What is the lowest expected ambient temperature?
    _____
13. What type of cable would you like us to quote? Please check all that apply.
    - ☐ M.I. Single Conductor Tank Tracing Cable Assembly
    - ☐ M.I. Dual Conductor Tank Tracing Cable Assembly
    - ☐ SR Cable
    - ☐ CW Cable
    - ☐ Please Recommend
14. What type of control and/or panel do you need? Please check all that apply.
    - ☐ Thermostat
    - ☐ Thermostat with Monitor Light
    - ☐ TraceMate
    - ☐ Power Control Panel G.F.P.E.
    - ☐ Enclosed Contactor Panel
    - ☐ Custom Control/Monitor Panel
    - ☐ Please Recommend

Other Special Requirements:

_____

_____

Please fax this form to: (847) 526-4456
On-line form can be submitted on www.delta-therm.com

PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM A DRAWING OF THE TANK(S)

DELTA-THERM.COM

DELTA-THERM

PERMAFROST PREVENTION QUOTES REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

1. What voltages are available?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277

2. What are the dimensions of the area(s) you plan to heat?

   _____ Length X _____ Width

   _____ Length X _____ Width

   _____ Length X _____ Width

3. Will the cable be in conduit or in direct contact?
   - ☐ Conduit
   - ☐ Direct Contact

4. What is your heat loss calculation?

   _____

5. What is the thickness and R-value of the insulation under the floor?

   Thickness _____

   R-Value _____

6. What is the operating temperature of the freezer and what will it store?

   _____ Operating Temperature

   _____ Items

7. Will the system control be inside the freezer?
   - ☐ Yes
   - ☐ No

Other Special Requirements:

_____

_____

_____

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PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM A DRAWING OF THE AREA(S) TO BE HEATED

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DELTA-THERM.COM

DELTA-THERM

CUSTOM PANEL QUOTE REQUEST FORM

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

1. What type of panel is available?
   - ☐ Control
   - ☐ Monitor
   - ☐ Remote Indicator
   - ☐ Other, Please Specify: _____
2. What type of control will be used with the panel?

   _____
3. How many panels do you need? _____
4. What NEMA rating do you need the panel enclosure to be?

   _____
5. Is the panel flush or surface mounted?
   - ☐ Flush
   - ☐ Surface Mounted
6. How many circuits are required? _____
7. What is the heater supply voltage?
   - ☐ 120
   - ☐ 208
   - ☐ 240
   - ☐ 277
   - ☐ 480
8. What is the estimated load per circuit?

   _____
9. What is the type and length of each cable per circuit?

   _____

Please fax this form to: (847) 526-4456
On-line form can be submitted on www.delta-therm.com

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

10. Is 30 mA G.F.P.E. required?
    - ☐ Yes
    - ☐ No
11. What type of monitoring do you need?
    - ☐ Voltage
    - ☐ Over Current or Ground Fault
    - ☐ Low Current
    - ☐ Low Temperature And High Temperature
    - ☐ Other, Please Recommend
12. Are audible alarms required?
    - ☐ Yes
    - ☐ No
13. Are dry contacts required?
    - ☐ Yes
    - ☐ No

Other Special Requirements?

_____

_____

_____

Circuit Information:

Circuit #	Type of Cable	Length of Cable on Circuit	Estimated Load on Circuit

DELTA-THERM.COM

DELTA-THERM

DESIGN CRITERIA FOR DELTA-THERM CABLE PRODUCTS FOR USE IN CLASS I, DIVISION I: GROUP B, C, AND D LOCATIONS FLAMMABLE GASES AND VAPORS

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Plant Location of Application: _____

Job No.: _____

Customer's Representative: _____

Representative's Address: _____

_____

_____

Application Information: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

Lines 1, 2, 3, 7 and either 4, 5, or 6 must be completed.

1. What is the minimum allowable process fluid?
   _____ °F _____ °C

2. What is the maximum allowable process fluid?
   _____ °F _____ °C

3. What is the ambient temperature range?
   ____ °F (_____°C) to _____ °F (_____°C)

4. What is the process fluid in the pipe? _____
   A. Other fluids or gas in the area which causes area to be listed as Class I Division I.
   _____

5. What is the process fluid auto ignition temperature?
   _____ °F _____ °C

6. What are the other fluids or gas in the area which cause area to be listed as Class I and Division I?
   a. _____

7. What is the Class I, Division I group? _____
   What is the temperature ID number?_____
   A. What are the other fluid or gas in the area which cause area to be listed as Class I Division I? _____
   _____

8. What are the run lengths? _____ _____ _____
   _____ _____ _____ _____ _____

9. What is the process pipe size? _____
   What is the temperature ID number? _____

10. What type of insulation is being used? _____
    What is the thickness of insulation? _____

11. What voltages are available? _____

12. What cable type is preferred?*
    - ☐ Mineral Insulated (M.I.)
    - ☐ Self-Regulating (SR)
    - ☐ Constant Watt (CW)

*** Process fluid may indicate selection of cable type**

Signature _____

Company _____

Please fax this form to: (847) 526-4456
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PLEASE FAX OR E-MAIL INFO@DELTA-THERM.COM THE DRAWING(S) FOR THE PROJECT

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DESIGN CRITERIA FOR DELTA-THERM CABLE PRODUCTS FOR USE IN CLASS II, DIVISION I: GROUP E - ELECTRICALLY CONDUCTIVE COMBUSTIBLE DUSTS AND GROUP F AND G - COMBUSTIBLE DUSTS

Date: _____

Customer Name: _____

Phone: _____

Fax: _____

Project Name: _____

Project Location: _____

Project Phase: _____

Quote Due By: _____

Plant Location of Application: _____

Job No.: _____

Customer's Representative: _____

Representative's Address: _____

_____

_____

Application Information: _____

Lines 1, 2, 3, 7 and either 4, 5, or 6 must be completed.

1. What is the minimum allowable process temperature of item to be heated?
   _____ °F _____ °C
2. What is the maximum allowable process temperature of item to be heated?
   _____ °F _____ °C
3. What is the process pipe size or tank size material?
   _____
4. What is the run length or tank sizes?_____
5. What is the type of insulation? _____
   What is the thickness of insulation? _____
6. What are the voltages available?
   _____ _____ _____ _____ _____
7. Cable type preferred*
   - ☐ Mineral Insulated (M.I.)
   - ☐ Self-Regulating (SR)
   - ☐ Constant Watt (CW)
8. What is the ambient temperature range?
   _____ °F (_____°C) to _____ °F (_____°C)
9. What is the combustible dust?
   _____
10. What is the combustible dust ignition temperature?
    _____ °F _____ °C
11. What is the Class II, Division I, group? _____
    What is the temperature ID number? _____

*** Combustible Dust may indicate selection of cable type**

Signature _____

Company _____

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