



ORDER SUBMITTAL & QUOTE REQUEST WORKSHEET

This worksheet should be filled out and faxed to ProTech Systems, Inc., Attn: Sales Department at 518.463.5271 to request a quote, bill of material and/or submittal drawing for a FasNSeal Venting System. In order to provide you with the best and most timely service, please be sure all sections of this worksheet have been completed.

Company Name: _____ Date: _____

Company Address: _____

Contact Person: _____

Phone: _____

Fax: _____

e-mail: _____

Job Name: _____

Job City & State: _____

Date Request Needed By: _____

Reply Via: Fax Email(pdf) Email(dwg)

List all applicable building codes:

State: _____

Local: _____

Other: _____

Commercial Residential

Will fire-rated walls/floors/ceiling be penetrated?

Yes No

INDIVIDUAL COMMON VENT

Vent Diameter(s) (inches): _____

SINGLE WALL DOUBLE WALL BOTH

APPLIANCE INFORMATION

If appliances of more than one make/model will be installed, include the required information about each appliance.

Make: _____

Model: _____

BTU in: _____ BTU out: _____

Flue Collar Diameter: _____

How many appliances: _____

Are appliances set in place? _____

Housekeeping pad (inches): _____

Fan Assisted Yes No

Draft Inducer Yes No

If yes: MFR.: _____

Model: _____ CFM: _____

ESSENTIAL INFORMATION

To better serve your needs in a timely manner, please provide as thorough details as possible.

SKETCH/DRAWING

- Please provide a scaled drawing or sketch with center-line dimensions showing the desired layout
- Indicate diameters on common vent systems.
- Include elevation and plan views as required.
- If possible, identify critical dimensions and/or tolerances

TERMINATIONS

System: Vertical/Roof Horizontal/Sidewall

Roof/Wall made of combustible material? Yes No

Firestops? Yes No Roof Pitch _____

Roof/Wall Thickness: _____ Curb Height on Roof: _____

Termination Details:

Rain Cap Bird Screen Leave Open
 Exit Cone Fan by Others

MECHANICAL SUPPORT (please check preference)

<input type="checkbox"/> Guy Wire/Cable Support	<input type="checkbox"/> Roof Jack	<input type="checkbox"/> Support Clamp
<input type="checkbox"/> Wall Mounted Bracket	<input type="checkbox"/> Tall Cone Flashing	<input type="checkbox"/> Supplied By Customer

It is our goal to return all quotes within 48 business hours with your complete and detailed submittal drawing. Additional copies of this form can be printed from our website. The literature library www.protechinfo.com/lit_library.html under 1182

400 South Pearl Street • Albany, NY 12202
518.463.7284 • Fax 518.463.5271 • 1.800.766.3473
sales@protechinfo.com • www.protechinfo.com