



SILENT
We're The Vibrator Guys.™

FAX: 401-539-2584

*** = INFORMATION REQUIRED FOR PROPER VIBRATOR RECOMMENDATION**

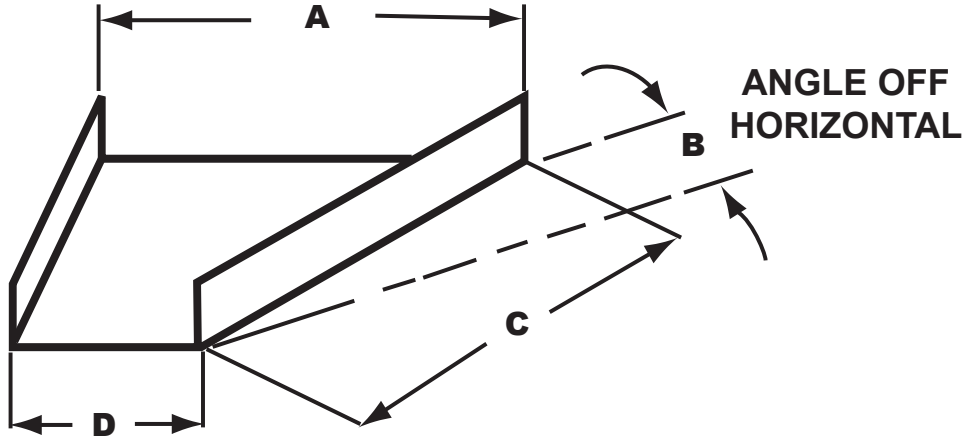
COMPANY _____
 CONTACT NAME _____
 ADDRESS _____
 PHONE _____ FAX _____
 EMAIL _____

CHUTE

Chute Material: Steel Wood Wall Thickness: _____ Total Length: _____
 Width - Upper End: _____ Width - Lower End: _____ Height of Sidewall: _____
 Degree of Slope Off Horizontal: _____
 Chute is: Rigidly Mounted in Place Hanging/Suspended Movable
 Isolation is: Rubber Mounts or Pads Coil Springs Concrete Footings

CHUTE or FEEDER

A _____ ft/m
 B _____ degrees
 C _____ ft/m
 D _____ ft/m



PLEASE INCLUDE

engineering drawings & digital picture(s) of application & 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**.

MATERIAL TO BE VIBRATED *

Type (not brand name): _____
 Moisture & Texture: dry damp wet granular powder
 Weight per cubic foot: _____ lbs
 Discharge: continuous intermittent
 Flow Problem: clogging clogging OTHER: _____

POWER AVAILABLE - preferred *

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