

Technical Product Sheet - Inline Amp

Contact _____

Company _____

Phone _____ Ext _____

Email _____

Address _____

City _____

State _____ Zip _____

Quantity: _____ One Time Recurring

This is a:
new application
replacement for an existing application

Make/Model being replaced _____

Delivery Date Needed _____

Additional information attached? **Y** **N**

What is being measured?

Existing Part Number: _____ *Indicate any changes below.*

New Part Number: Complete all relevant information below.

Type of Sensor _____

Amplifier Output: 0-5 Vdc 4-20 mA 2-wire
 0-10 Vdc 4-20 mA 3-wire
 Other _____

Ambient Environment _____

Operating Temperature _____

How often will output signal be sampled? _____

Mounting / Enclosure _____

Sensor Excitation: 5 Vdc 10 Vdc

Shunt Calibration **Y** **N**

Power: 12 Vdc
 24 Vdc
 Other: _____

Agency Compliance _____

Length of Cable:
Sensor to Amp _____
Amp to Termination _____

Input From Sensor:

2 mV/V 3 mV/V Other _____

Options: _____
Today's Date _____