

Complete form as much as possible. For assistance, call Badger Meter Support. (*Required Information)

Date*

CUSTOMER CONTACT INFORMATION*

| Sales Contact: | | Company: | |
|----------------------|--------|------------|------|
| Email: | Phone: | Address 1: | |
| Engineering Contact: | | Address 2: | |
| Email: | Phone: | City: | |
| End User Contact: | | State: | Zip: |
| Email: | Phone: | Phone: | Fax: |

Is the address above same as the installation destination address? \bigcirc Yes \bigcirc No

If no, please provide a destination address, since requirements may vary by location:

BADGER METER CONTACT INFORMATION*

| Representative: | Technician/CSR: |
|-----------------|-----------------|
|-----------------|-----------------|

FLUID PROPERTIES*

Fluid Media

Indicate any other known information relevant to the Fluid Media (brand, type, MIL std. or similar information):

| For liquids, complete: | | For gases, complete: |
|------------------------|--------|----------------------|
| Suspended Solids: | % | Specific Gravity: |
| Viscosity: | Units: | Molecular Weight: |
| Specific Gravity: | | Density: Units: |
| Molecular Weight: | | |
| Density: | Units: | |
| Conductivity Value: | μʊ/cm | |

Application Data Sheet

PROCESS INFORMATION*

Application

Industry

| Parameter | Units | Minimum | Normal | Maximum |
|-------------|-------|---------|--------|---------|
| Flow Range | | | | |
| Pressure | | | | |
| Temperature | | | | |

Desired Accuracy Needed O Full Scale O Reading

Bi-directional? O Yes O No

Batching? \bigcirc Yes \bigcirc No

COMMUNICATION PROTOCOL/OUTPUTS

Network

Analog/Digital Outputs

| 4-20 mA | Qty | Total Pulse | Qty | |
|------------|-----|-------------|-----|-----|
| 0-10V DC | Qty | Relay | Qty | |
| 0-5V DC | Qty | Other | | Qty |
| Frequency | Qty | None | | |
| Rate Pulse | Qty | | | |

PHYSICAL DIMENSIONS/ENVIRONMENT (fill in known information, leave blank for unknown, use N/A for not applicable)

| Line Size (O.D.) | |
|---|-----------|
| Pipe Material | |
| Pipe Schedule or Wall Thickness | |
| Pipe Liner Material | Thickness |
| Full Pipe? O Yes O No | |
| Are flow straighteners needed? \bigcirc Yes \bigcirc No | |
| Pipe Orientation | |
| Flow Direction | |
| Process Connection | |
| What power is available? | |
| Hazardous Area | |
| Submersible? O Yes O No | |
| Certifications Required | |

| PRODUCT (use this area indicate desired technology and opt | ions) | |
|--|-----------------------------------|------------|
| Meter Type | \bigcirc Permanent Installation | ○ Portable |
| Is this meter a replacement meter? \odot Yes \circ No | | |
| If Yes, please provide type of meter, serial number, company, etc. | | |
| Pickup Required (applies to turbine meters) | | |
| Electronics Placement | | |
| Meter Placement | | |
| Power Supply Options | | |
| Product Location | | |
| Type of Reading | | |
| Rate | | |
| Totalization | | |
| Other | | |
| Calibration Services Desired? O Yes O No | | |
| | | |

COMMENTS (write in any additional questions, comments or concerns)

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www.badgermeter.com

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