



Delta "T" Systems

Application Data Worksheet

Required Fields *

Please fill out completely and return to Delta "T" Systems' Application Engineering Department.

Customer

NAME* _____ COMPANY* _____

ADDRESS* _____

CITY* _____ STATE* _____ ZIP* _____ COUNTRY* _____

TEL.* _____ FAX* _____ EMAIL* _____

Application

NEW CONSTRUCTION

NEW DESIGN

BUDGETARY QUOTE

RETROFIT

MFG./BUILDER/DESIGNER _____

HULL NO./VESSEL NAME* _____

MODEL/TYPE _____

LOA _____ BEAM _____ YEAR BUILT _____

Engines

ENGINE MFR.* _____ MODEL NO.* _____ NO. ENGINES* _____

RATING* _____ (eg.: A, B, C, D, E, PLEASURE CRAFT, COMMERCIAL, etc.)

MAX RPM _____ CONTINUOUS RPM _____ RATED HP. _____

Generators

MFR.* _____ MODEL NO.* _____ NO. GENERATORS* _____

KW.* _____ VOLTAGE* _____ HZ.* _____ PHASE* _____ CONTINUOUS RPM _____

MFR.* _____ MODEL NO.* _____ NO. GENERATORS* _____

KW.* _____ VOLTAGE* _____ HZ.* _____ PHASE* _____ CONTINUOUS RPM _____

LOCATION OF GENSETS?* ENGINE ROOM OTHER LOCATION _____

Engine Room

MAX ENGINE RM. HEIGHT* _____ MAX ENGINE RM. WIDTH* _____ MAX ENGINE RM. LENGTH* _____

(To Deck Plates)

Is there any fixed tankage within the engine room space? If YES, indicate the tank types and sizes below.*

TANK 1 _____ L x W x H TANK 2 _____ L x W x H

TANK 3 _____ L x W x H TANK 4 _____ L x W x H



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Indicate any existing and/or designed ventilation fans.

Fans

MFR.* _____ MODEL NO.* _____ CFM* _____

ID* _____ QTY.* _____ VOLTS* _____ HZ.* _____ PHASE* _____

DUTY* _____ (INTAKE, EXHAUST, COMBUSTION AIR, etc.)

MFR.* _____ MODEL NO.* _____ CFM* _____

ID* _____ QTY.* _____ VOLTS* _____ HZ.* _____ PHASE* _____

DUTY* _____ (INTAKE, EXHAUST, COMBUSTION AIR, etc.)

Openings

EXISTING ENGINE ROOM VENTILATION OPENINGS* _____ L x W x H QTY.* _____

EXISTING ENGINE ROOM VENTILATION OPENINGS* _____ L x W x H QTY.* _____

Indicate any required approvals.*

Approvals

- | | |
|--|---|
| <input type="checkbox"/> ABS - American Bureau of Shipping | <input type="checkbox"/> Lloyds/MCA - Maritime Coastal Agency |
| <input type="checkbox"/> USCG - United States Coast Guard | <input type="checkbox"/> Australia - National Marine Safety Committee |
| <input type="checkbox"/> DNV - Det Norske Veritas | <input type="checkbox"/> GL - Germanischer Lloyd |
| <input type="checkbox"/> RINA - Registro Italiano Navale | <input type="checkbox"/> TC - Transport Canada |
| <input type="checkbox"/> CE - Certified European | <input type="checkbox"/> BV - Bureau Veritas |
| | <input type="checkbox"/> Maritime New Zealand |

Indicate product and service of interest.*

Quote Type

- | | |
|--|--|
| <input type="checkbox"/> COMPLETE VENTILATION SYSTEM | <input type="checkbox"/> MANUAL FAN CONTROL SYSTEM |
| <input type="checkbox"/> MOISTURE ELIMINATORS | <input type="checkbox"/> WEATHER CLOSURES |
| <input type="checkbox"/> MARINE AXIAL FANS - A/C <input type="checkbox"/> D/C <input type="checkbox"/> | <input type="checkbox"/> COMBUSTION/COOLING AIR OPENING ANALYSIS |
| <input type="checkbox"/> SMOKE & FIRE DAMPERS | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> AUTOMATIC FAN CONTROL SYSTEM | _____ |

Please include photographs and/or drawings of the engine room and existing air openings.*

AVAILABLE: DRAWINGS (.DXF, .DWG) PHOTOGRAPHS (.JPG, .TIF, .EPS, etc.)