Moog Air Moving Solutions Quote / Application Form							
Please complete this form to tell us about your air moving specifications. We'll contact you with information about the product that matches your application. Please provide the following information:							
First Name:		Last Na	Last Name:				
Function: Procurement			☐ Engineering ☐ Other:				
Company Name:							
Street Address:							
Street Address:							
City:		State	State / Province:		Zip / Postal Code:		
Country:		Worl	Work Phone:		Fax:		
Email:							
Please provide as much information as possible, enter NA for those questions that are not critical or important to you. Do not be concerned if you do not have all of the specifications that are requested, we are happy to work with as much information as you can provide. However, the more complete your response, the more thorough our analysis.							
Customer Project Information							
Project Name: Estimated Annual Usage:							
Production Start Date / Delivery Requirement:							
If a new design is required, is there funding available to cover applications engineering and production aids costs? Yes No							
Regulatory / Environmental Requirements: UL CE IP RoHS Compliant: Yes No							
Military / Aerospace: Yes No DFARS Compliant: Yes No No							
Target Price: End Use:							
Product Information							
Airflow (CFM):	Sp	ecify Back	Pressure at Flow:			Voltage (DC, AC):	
New or Retrofit Application? Yes No							
If Retrofit, Please List: Current Supplier Part Number:							
Power Budget:		System Interface:	System Interface:				
Size:		Noise Specification:	Noise Specification:				
Environmental Conditions (Temperature, Humidity, Salt, Fog):							
Certifications:			Motor Platform:	Motor Platform:			
Competition:			Other Information:	Other Information:			
Please return form via fax or email Note: Use back for sketches or additional information.							

03-1-2018

