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## Request a Quotation/Unit Sizing

*Thank you for your interest in our products. To properly serve your needs, we need to gather some information about you and your specific project. Below is our form that contains contact information as well as dehumidification questions regarding your needs. Please fill it out to the best of your abilities and hit the "Submit" button located in the bottom left corner of the form. If you don't understand a certain field or question, leave it blank and we will address it first hand with you. If you have any other information, please enter it into the Comments field at the bottom of the form. Thanks and we look forward to working with you*

### Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Location (where the dehumidifier is located): \_\_\_\_\_ Altitude (above sea level): \_\_\_\_\_  
 Project Name: \_\_\_\_\_ PO #: \_\_\_\_\_  
 Address of Project: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Temperature & Humidity Conditions

Desired Room Temperature: \_\_\_\_\_ Summer Outdoor Temperature: \_\_\_\_\_ Surrounding Room Temperature: \_\_\_\_\_  
 Desired Room Humidity (%RH or Dewpoint): \_\_\_\_\_ Summer Outdoor Humidity (%RH): \_\_\_\_\_ Surrounding Room Humidity (%RH): \_\_\_\_\_

### Room Information

Room Size (LxWxH, or Volume in Ft3): \_\_\_\_\_ Room Environment: (Clean or Dirty) \_\_\_\_\_  
 Unit Installed (Indoor or Outdoor): \_\_\_\_\_ Contaminants present? (Yes or No) \_\_\_\_\_

### Room Construction – (What is the Room Constructed of? Example: 4" insulated sheet metal panels, Drywall, concrete, etc.)

Walls: \_\_\_\_\_ Floor: \_\_\_\_\_ Ceiling: \_\_\_\_\_

### Doors

Size (WxH): \_\_\_\_\_ Openings Per Hour \_\_\_\_\_  
 Size (WxH): \_\_\_\_\_ Openings Per Hour \_\_\_\_\_  
 Size (WxH): \_\_\_\_\_ Openings Per Hour \_\_\_\_\_

### People Load

Level of Work Intensity: \_\_\_\_\_  
 Select: Light/Resting, Medium, or Hard  
 Exhaust Air From Space (in CFM): \_\_\_\_\_ Vent Air (Fresh Air) (in CFM): \_\_\_\_\_

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**Internal Moisture Load**

Product Load: \_\_\_\_\_  
(if known, expressed in Lbs/Hour/H2O)

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**Services Available:**

Check all that apply

Gas \_\_\_\_\_ Steam \_\_\_\_\_ Chilled Water \_\_\_\_\_

Please list pressure of service above: \_\_\_\_\_

Electric Power: \_\_\_\_\_ 120/1/60 \_\_\_\_\_ 220/1/60 \_\_\_\_\_ 220-240/3/60 \_\_\_\_\_ 480/3/60 \_\_\_\_\_ Other

Additional Information/Notes:

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