

Application Questionnaire www.crwall.com \$1.877.427.9255 | \$\vee\$ customerservice@crwall.com

Voltage	
12VDC	120V
208V	240V
480V	Other
If Other, Please Enter The Voltage	
Select Phase	
Single Phase Three	Phase Delta Three Phase WYE
Please Specify Amperage Limitation	
Application Types	
Fuel Gas Heating	Town Border / Gate Station Heating
Space Heating	Instrument / Instrument Gas Heating
Pilot Regulator Gas Heater	Custom
If Custom, Please Describe Your Application	1
Inlet Gas PSIG	Max Allowable Operating Pressure (MAOP)
Inlet Gas Temperature (°F)	PSIG Downstream Of Regulation
inier das reinperature (1)	r 516 Downstream of Regulation
Required Temp Downstream Of Regulation	Specific Gravity (Specific Gravity Of Air = 1.0)
Flow Rate Maximum (SCFH)	Flow Rate Minimum (SCFH)

Please Specify (Automated Units Require A Minimum Of 120V Commerical Power)

Automated Manual

Additional Comments

Once the PDF is filled out, please select "save as" and insert your name within the file name. See the naming structure below: BrandName_DocumentType_ProductNameORSeries_Rev_InsertNameHere

Upload the document within your request for information --> Click here to return to ShopCRWall.