5225 South 37th St, Suite 4, Phoenix AZ 85040 + Phone (602) 233-9885 + Fax (602) 233-9887 + Website: www.FlowMD.com

# **Prover Application Data Sheet**



#### **CUSTOMER INFORMATION**

Company						
Address			Cont	act Name		
		Phone Number				
			E-Mail Address			
	End User	Engineering Firm	Dealer	Distribut	er Fabricator	Consultant
Quote Request Budge		Budgetary (pricing or	nly) Sta	ndard E	Expedited (PO imm	inent)

### **APPLICATION INFORMATION**

Note: The meter information is required for correct selection of prover model.

Meter Type	Turbine	PD Co	oriolis Ul	trasonic		
Meter Size			Model N	umber		
Process Fluid			Flo	w Rate		
Operating Pressure			Tempe	erature		
Density			Vi	scosity		
Installation Location			Ambier	it Temper	ature	
Installation Climate	On-Shore	Off-Sho	ore/Tropical	Arctic	Laboratory	,
Prover Type	Stationary	Stationary Portable (i.e. Trailer or Truck-Mount)				
Agen	cy Approval	US/CSA	ATEX	IECEx	Other	
Hazardous Area C						

## **PROVER DESIGN INFORMATION**

Note: Please indicate any design preferences, otherwise FMD-standard will be used.

Inlet/Outlet Flange Co	onfiguration	RR	LL	RL	LR	TT	4A	Other	
ANSI Flange Rating	150#	300#	600#	90	0#	1500#			
Flange Type	(RF) Rai	sed Face	(RTJ	) Ring	Туре.	Joint			
Motor Power Supply	VAC	Hz	Pl	nase			VDC		Hydraulic
Tube Finish	Wrap	Natural	Finish						
Water Draw Calibration Units		Impe	erial (US	5) S	l (Me	tric)			
Standard Calibration	Conditions	60°F,	, 0 psig	1	.5°C, (	) kPag	Other	~	

#### **OPTIONAL KITS**

Note: Please indicate any kits to be included in the quote.

Spare Parts Kit	Drain Kit	Thermal Relief Kit	Validation Kit
Leak Detector Kit	Shaft Seal Monitor Kit	Insulation Kit	PDAQ Kit
Davit Crane Kit	Density Kit	Spectacle Blind Kit	

## SPECIAL REQUESTS / ADDITIONAL INFORMATION