The following information is required in order for your request for quotation to be processed. This form is meant to help expedite your request through the quotation process and enable REXA, Inc. to better serve you. We will then complete your quote within two business days from receipt of completed form.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | Date: | 1/5/2015 |
| RFQ #: | Enter RFQ # | REXA Quote #: | | | Enter quote # (REXA use only) | Item: | # |
| **CUSTOMER & APPLICATION INFORMATION** | | | | | | | |
| End user company name‡: | | |  | | | | |
| End user site location (final destination of actuator) ‡: | | | Enter site location (final destination) | | | | |
| Industry Information‡: | | | Choose an item. | | | | |
| Application Level 1‡: | | | Choose an item. | | | | |
| Application Comments‡: | | | Enter Additional Details/Comments on Specific Application What is the specific valve at the plant called? (Examples: Reflux Valve / Pump Min. Recycle Valve / Heavy Gas Oil Product Valve / Stripping Steam Valve) | | | | |
| |  | | --- | | **ACTUATOR INFORMATION** | | | | | | | | |
| Maximum thrust (linear–lbf) or torque (rotary–lb·in): | | | Enter maximum thrust or torque | | | | |
| Stroke length (inches) / rotation (degree): | | | Enter stroke length or rotation degree | | | | |
| Normal modulating stroke speed requirement (if any): | | | Enter stroke speed requirement (if any) | | | | |
| Control signal (i.e., 4-20 mA, Hart, FF): | | | Enter control signal type | | | | |
| Main electrical power supplies available at site: | | | Enter available power supplies | | | | |
| Cable length between actuator and enclosure: | | | Enter required cable length | | | | |
| Cable connections (quick connect or flying lead): | | | Enter cable connection type | | | | |
| Manual Override (Hand wheel, Hand pump) | | | Enter manual override method (if required) | | | | |
| Actuator Area Classification: | | | Enter actuator classification (Ord. C1D2, ATEX Zone 2...) | | | | |
| Control Enclosure Area Classification: | | | Enter controller classification (Ord, C1D2, ATEX Zone2...) | | | | |
| Loss of main electrical power mechanical fail position: | | | Enter ONLY ONE: Open, Closed or Last | | | | |
| Mechanical fail-speed requirement (if any): | | | Enter fail-speed requirement (if any) | | | | |
| **VALVE INFORMATION** | | | | | | | |
| Linear valve retrofit information: | | | | Enter Valve Information (Valve Style - Globe/Gate/Other, Balanced/Unbalanced, Retract/Extend to Close, Flow Dir - Over/Under Plug, Max Allow. Stem Force) | | | |
| Rotary valve retrofit information: | | | | Enter Valve Information (Valve Type - Ball/BFV/Other, Balanced/Unbalanced, Retract/Extend to Close, Flow Dir-Over/Under Plug, Max Allow. Stem Force) | | | |
| Valve mounting adaptation hardware required?(yes/no) | | | Enter yes or no | | | | |
| If yes, please supply valve manufacturer make, model and size. | | | Enter manufacturer make, model and size | | | | |
| Will valve be shipped to REXA for mounting and calibration? | | | Enter Yes or No | | | | |

‡ This information is required for your request to be considered.