

CUSTOM PROBE AUTHORIZATION

Tank Height: _____


Tank Actual Capacity: _____

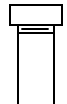
Mounting Height: _____


Tank Contents: _____

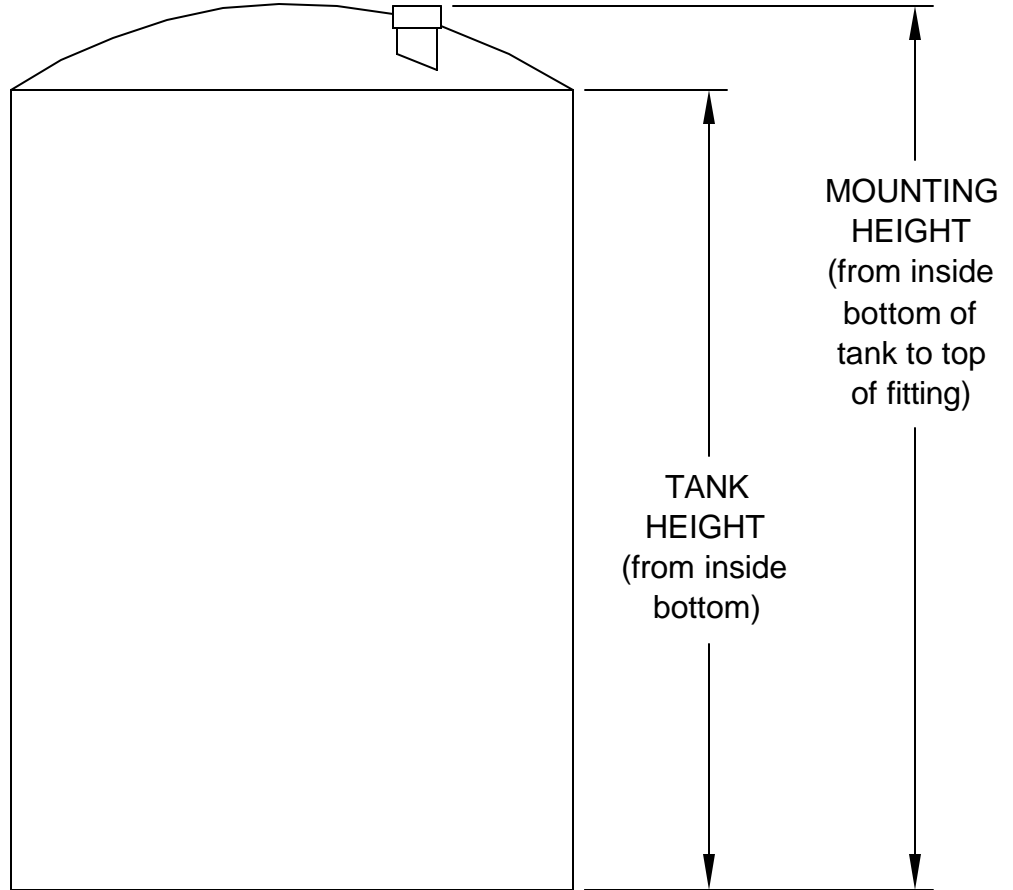
Supply mounting information below

 Tank Fitting (Female) DIA. _____ "

 Nipple (Male) DIA. _____ "

 Coupling (Female) DIA. _____ "

 Flange DIA. _____ "



Note: Although your tank may look different, the information required is the same.

Company: _____

Project: _____

P.O. No.: _____

Date: _____

Authorized By: _____

Signature: _____

RETURN TO:
Pneumercator Co. Inc.
120 Finn Court
Farmingdale, NY 11735
Phone: (631) 293-8450 Fax: (631) 293-8533
PCO Serial No.: _____
(PCO Internal Use Only)