

## PRODUCT SPECIFICATION FORM

For a quote, please fill in as much information as you can and we will recommend the rest. All fields denoted with an asterisk (\*) are mandatory. You may also attach any specifications or additional information concerning your request and email us at [quotations@superiortray.com](mailto:quotations@superiortray.com)  
**Please, DO NOT MODIFY the structure of form!**

CONTACT INFORMATION			
PROJECT NAME:		BID DUE DATE*:	
DESTINATION:		SHIP DATE:	
COMPANY:		CONTACT:	
RFQ REFERENCE:		QUOTATION:	<input type="checkbox"/> Purchase <input type="checkbox"/> Budgetary
SALES REP AGENCY:		SALES REP NAME:	

CABLE BUS SPECIFICATIONS			
AMPERAGE*:		VOLTAGE*:	<input type="checkbox"/> 600V <input type="checkbox"/> 5kV <input type="checkbox"/> 15kV <input type="checkbox"/> Other
SYSTEM CONFIGURATION*	<input type="checkbox"/> 3 Phase – 3 Wire <input type="checkbox"/> 3 Phase – 4 Wire <input type="checkbox"/> Other		
CODE COMPLIANCE	Does the system terminate in an UL75.C-rated gear? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TERMINATION/OPERATING TEMP (C)*:		AMBIENT TEMP (°C)*:	
AIC RATING:	<input type="checkbox"/> 65Kaic <input type="checkbox"/> 100Kaic <input type="checkbox"/> 150Kaic <input type="checkbox"/> 200Kaic <input type="checkbox"/> Other		
HOUSING:	<input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Perforated <input type="checkbox"/> Louvered		
CONDUCTOR CONSTRUCTION:	<input type="checkbox"/> XLPE <input type="checkbox"/> EPR <input type="checkbox"/> CPE <input type="checkbox"/> PVC <input type="checkbox"/> DLO <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper		
SYSTEM LENGTH (QUANTITY IF KNOWN):	<input type="checkbox"/> Horizontal Footage: <input type="checkbox"/> Vertical Footage: <input type="checkbox"/> Fittings included in footage <input type="checkbox"/> Fittings <b>NOT</b> included in footage		
HORIZONTAL ELBOW (QUANTITY IF KNOWN):	<input type="checkbox"/> 90° <input type="checkbox"/> 60° <input type="checkbox"/> 45° <input type="checkbox"/> 30°		
VERTICAL ELBOW (QUANTITY IF KNOWN):	<input type="checkbox"/> 90° <input type="checkbox"/> 60° <input type="checkbox"/> 45° <input type="checkbox"/> 30°		
SYSTEM COMPONENTS (QUANTITY IF KNOWN):	<input type="checkbox"/> Wall Seal <input type="checkbox"/> Fire-rated Wall Seal <input type="checkbox"/> Expansion Fitting <input type="checkbox"/> Tap Box® <input type="checkbox"/> Junction Box®                      *Call the office for details, if customization is required.		
BOX CONNECTOR (QUANTITY IF KNOWN):	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
# OF SYSTEMS IN BOM	<input type="checkbox"/> Footage inclusive for all systems <input type="checkbox"/> Footage inclusive for single system		
SPECIAL REQUIREMENTS OR ADDITIONAL NOTES:			