**Customer Information**

Name: __________________________
Company: __________________________
City: ________________ State: ______
Phone: __________________________
Fax: __________________________
Email: ______________________________

Extruder Barrel Manufacturer: __________________________
Model Number: __________________________
Resin Type: ________________________________________________
Process Temperature: ______________________________

When submitting this form, please be sure to include an extruder barrel sketch or drawing that includes the following:

✴ Extruder Barrel Support(s) ✴ Number of Heating Zones ✴ Vent Location(s) ✴ Zone Probe Location(s)
✴ Input Feed Location ✴ Pressure Tap Location(s) ✴ Zone Length(s) ✴ Additional Restriction(s)

**Note:** To assist Tempco in designing a shroud system, please provide digital images (in .jpg format) of the extruder barrel.

**Shroud Specifications**

For replacement of existing Tempco Shroud(s), please contact your Tempco Factory or Sales Representative.

**Shroud Style:**

- [ ] Cool TO-THE Touch™
- [ ] Multi-Versal

Quantity Required: _________________________

**Shroud Dimensions**

Shroud Width / Zone Length: ___________
Extruder Barrel OD / Shroud ID: ___________

Maximum Shroud OD: ___________ (determined by Engineering unless specified by customer)

Existing Heater OD (including terminations): ___________ (determined by Engineering when new Tempco Heater is purchased)

**Internal Shroud Support Required:**

- [ ] Yes
- [ ] No

**Shroud Components and Component Locations**

(see pages 3-29 or 3-33 for shroud component details)

1. Blower Mount:

- [ ] Horizontal
- [ ] Vertical

2. Air Outlet:

- [ ] Separate from Terminal Box
- [ ] Combined w/ Terminal Box

3. Terminal Box:

- [ ] None
- [ ] Louvered (Separated from Air Outlet)
- [ ] Screened (Combined with Air Outlet)

4. Clamping Method at Shroud Opening:

- [ ] Barrel Clamps with Hinge
- [ ] Barrel Clamps (no Hinge)
- [ ] Adjustable Clamps with Hinge
- [ ] Adjustable Clamps (no Hinge)

5. Zone T/C Probe(s) - Customer Specified:

Quantity: ________ Clearance Hole Diameter(s): ___________

**Please indicate Component Radial Locations:**

1. Blower Mount
2. Air outlet
3. Terminal Box
4. Clamps
5. Hinge (if applicable)
6. Zone T/C Probe(s)

**Blower Specifications**

(see page 3-43 for standard Tempco blowers & configuration details)

**Configuration:**

- [ ] Single
- [ ] Dual
- [ ] Customer Supplied (*see below)

**Stock Tempco Blower (Engineering will determine specifications if none specified):**

P/N: ____________ or CFM: ________ Volts: ________ Operating Frequency: ________Hz

**Optional Blower Extension:**

- [ ] Horizontal
- [ ] Vertical
- [ ] Custom (Consult Tempco.)

**Customer Supplied Blower (Please attach mounting information when submitting this form):**

Manufacturer: __________________________
P/N: ____________
CFM: ________ Volts: ________ Operating Frequency: ________Hz

**Heater Specifications**

**Existing Tempco Heater:**

- [ ] Replace Existing Heater
- [ ] Cover Existing Heater

If purchasing new Tempco Heater(s), please provide the following information if known:

Type and Quantity Required:

- Qty. Cast-In(s) _____
- Qty. Ceramic Bands _____
- Qty. Maxibands _____

Inner Diameter: ______ Width(s): ____________________ Wattage per Shroud: ________ Voltage: ________

**WARNING:** Cancer and Reproductive Harm - www.P65Warnings.ca.gov

**View Product Inventory @ www.tempco.com**