**Cast-In Heaters**

**Arctic Cast® Shroud System**

*Made-To-Order Quote Request Form — Copy and Fax Us (630-350-0232) Your Requirements*

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**Customer Information**

Name: __________________________

Company: __________________________

City: ________________     State: ______

Phone: __________________________

Fax: __________________________

Email: ______________________________

Extruder Barrel Manufacturer: ____________________________________

Model Number: ______________________________

Resin Type: ________________________________________________    Process Temperature: ______________________________

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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.

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**Shroud Specifications**

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

A. Shroud Width / Zone Length “L”: _____________

B. Maximum Shroud OD: _____________ (determined by Engineering unless specified by customer)

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**Shroud Component Specifications**

C. Maximum Blower Clearance: _____________

D. Standard Shroud Assembly Orientation Shown: Air Outlet at 0°, Blower at 180°

   For alternate orientations, rotate shroud and heater assembly on extruder barrel.

E. Zone T/C Probe(s):  
   - Quantity: _________________________
   - Clearance Hole Diameter: _________________________
   - Location:  
     - Centered at Top (standard)  
     - Custom: ________________ (Indicate Clockwise from Drawing Reference Angle)

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**Blower Specifications**

F. 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 Inlet Guard (available for most stock blowers)

   Optional Blower Extension:  
   - Horizontal  
   - Vertical  
   - Custom (Consult Tempco.)

   Mounting Dimensions: Length _____________ Width _____________

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

Manufacturer: __________________________

P/N: _________________ CFM: ________  Volts: ________  Operating Frequency: ________Hz

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**Heater Specifications**

G. Extruder Barrel OD/Heater ID: _____________ Wattage per Half: _____________ Voltage per Half: _____________

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**WARNING:** Cancer and Reproductive Harm - [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov)

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