



NEW SYSTEM QUESTIONNAIRE		
Company Name:		
Contact:		
Address:		
City:	State/ Province:	Zip:
Country:		
Email address:		
Phone #	Alt. Phone #	
System Application: Harvest / Live Transfer (Aquaculture)		
Volume of fish to be transferred	Tons/Hr.?	Species Type?
What is the minimum	maximum	weight of the fish kg. /lbs.
Installation Type: Dock / Vessel / Barge		
Power source: Electric / Voltage: 208 / 230 / 460 / Gasoline / Diesel / Hydraulic		
Maximum vertical lift (Suction side) (m/ft)?		
Maximum distance (Discharge side) (m/ft)?		
Maximum vertical altitude (Discharge side) (m/ft)?		
Comments:		

Please email completed form to: sales@transvac.com

