



Customer Name: _____
 Completed by: _____ Date: _____
 Contact Number: _____ Quantity: _____
 Job Number: _____ Part Number: _____

Mica Band Heater Product Data Sheet

<p>Style: Full <input type="checkbox"/> Partial <input type="checkbox"/> Half <input type="checkbox"/></p> <p>Inside Diameter: _____ inches/mm</p> <p>Width: _____ inches/mm</p> <p>Rating: Watts _____ Volts _____ Phase _____ Watts _____ Volts _____ Each Half</p> <p>Mounting: Standard barrel nut strap (3/8" high) <input type="checkbox"/> Low profile barrel nut strap (7/32" high) <input type="checkbox"/> Standard profile barrel nut assembly welded to sheath <input type="checkbox"/> Low profile barrel nut assembly welded to sheath <input type="checkbox"/> Flange lock-up <input type="checkbox"/> Tapered wedge lock <input type="checkbox"/> 1/4-20 Strap Lock-up 1 1/4" Wide <input type="checkbox"/> Latch & Trunnion <input type="checkbox"/> Overlap Flange <input type="checkbox"/></p> <p>Termination: Metal braided leads <input type="checkbox"/> Armor Cable <input type="checkbox"/> Ground wire <input type="checkbox"/> Terminals <input type="checkbox"/> Standard Leads <input type="checkbox"/> High Temp. Leads <input type="checkbox"/> Lead length: _____ inches <input type="checkbox"/> NO Ground wire Lead protection: _____ inches Location: _____ Degrees from gap Screw Terminals: Post terminals located both sides of gap <input type="checkbox"/> Post terminals located side by side width-wise at gap <input type="checkbox"/> Post terminals located side by side along circumference <input type="checkbox"/> Location: _____ Degrees from Gap _____ Location In Width</p>	<p>European Plugs: Straight out of sheath <input type="checkbox"/> 90° from sheath <input type="checkbox"/> Other: <input type="checkbox"/> _____</p> <p>Agency approvals: None <input type="checkbox"/> CE <input type="checkbox"/> CSA <input type="checkbox"/> U.L. Component Recognized <input type="checkbox"/> Other: <input type="checkbox"/> _____</p> <p>Special Features: Holes/Cutouts (specify size, location) _____ _____ _____ _____ _____ _____</p> <p>Operating Conditions: Application: (describe in detail) _____ _____ _____ _____</p> <p>Heated medium: Gas <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Application temperature: _____ ° F Ambient temperature: _____ ° F Installation environment: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/></p>
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Please fax to Southeast Thermal Systems LLC at 1-704-399-4167