

# Questionnaire

## SICON Conveyor



**Name** \_\_\_\_\_ **Ref. No.** \_\_\_\_\_

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department** \_\_\_\_\_

**Street, No.** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**e-mail** \_\_\_\_\_

### Data

Transported material	Duty (h/year)
Capacity (max. in m <sup>3</sup> /h)	Transport distance (m)
Density (t/m <sup>3</sup> )	Total elevation (m)
Moisture content (%)	Total belt length (m)
Consistency	Number of corners
Particle size (max. in mm)	Number of loading stations
Temp. of material (max./min.)	Number of discharge stations
surrounding air temperature (max./min.)	El. supply voltage (V/Hz)
Feeding device	Indoor/outdoor location

### Type of cost estimate

<input type="checkbox"/> Budget offer	<input type="checkbox"/> Turnkey delivery
<input type="checkbox"/> Firm price	<input type="checkbox"/> Component delivery
Tender deadline	Date of completion
	Place of installation

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