

Quoting & Stack Sizing Request Form

JOB N	B NAME:			
REP N	P NAME:			
CONT	NTACT:			
JOB L	B LOCATION:			
DATE:	TE:			
GENE	NERAL INFORMATION NEED TO QUOTE			
1.	What is the Application? ☐Non-Condensing Appliance, ☐High Efficiency/Condensing Appliance, ☐Engine/Generator, ☐Grease Duct, ☐Other			
2.	2. What is the Make and Model of Appliance? Make	_Model	OEM Attached	
3.	What Product Type? □DWKL, □DWKL-LT, □DWKL-RX, □DWKL-VT, □DWGV □SWKL, □SWKL-VT, □SWKL-GD, □SWGV			
4.	Is the Roof or Wall made of a Combustible Material? ☐Yes ☐No			
5.	5. What is the Roof Pitch?			
6.	What Termination Type? ☐ Stack Cap, ☐ Exit Cone, ☐ Open, ☐ Flip Top, ☐ Miter Cut, ☐ Other			
7.	Please Attach a Proposed Dimensioned Centerline Sketch of the Flue Size & Layout (Horizontal & Vertical) or a Scaled PDF of both the Plan and Elevation Views. Dimensioned Centerline PDF Plan and Elevation view PDF (Relevant Exhaust Pipe Docs Only Please)			
8.		If a sizing calculation is needed please also complete the Appliance Sizing Information section below. (Please Provide OEM Make/Model Documentation)		
	Local Altitude:Feet Ty	pe of Fuel Burned:		
	BTU/H Input: Generato	r CFM:	Flue Gas Temp:°F	
	CO2%Allowable Back-Pressu	re at Appliance Outlet_	in H₂O	