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Request Proposal for an Air Cleaning Blower™

Explain your Problem/Application:	
Type of Facility in which you will use the ACB:	
Kinds of and Sizes of Particles in the Air:	
Electrical Configuration:	
Dust Load (Circle One): Heavy Medium Light	
Airflow Required: (<i>CFM or M3/hr</i>)	Air Pressure Required: (<i>Inches W.G. or kPa</i>)
Are Dusts Hazardous (Explosive): Yes/No <i>*If Yes please fill out NEC/IECEX</i>	*NEC(USA) Class: Group(s): Division:
	*IECEX/ATEX: Group: Zone:
Types of Corrosion Present:	Type of Application (Circle One): Indoor Outdoor Both
Number of Units Needed:	

Salutation:	First Name:	Surname:	
Position/Title (if applicable):		Company (if applicable):	
Email:			
Address:			
City:	State/Province:	Postal Code:	Country:
Telephone Country Code:	Telephone City/Area Code:	Telephone Number:	
Information/Comments:			

Thank you for your interest in We Clean Air. Please email this form to
OfficeManager@WeCleanAir.com or Marketing@WeCleanAir.com