LOW-VOLTAGE COMPLETE DEVICE QUESTIONNAIRE

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| **Contact Information** |  |
| **Name of the enterprise/organization:** |  |
| **Contact person:** | *(Full name, position)* |
| **Address of the enterprise/organization:** | *(Country, city, street, building)* |
| **Phone, E-mail:** |  |
| **Project Task (mark the necessary):** | *Construction of a new installation, Reconstruction of an existing production* |

**1. List of required information and documents.**

\* The information can be provided in any form most convenient for you, taking into account the recommendations of this questionnaire.

Table №1.1

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| **№** | **Description** | **Response** |
| 1 | Name of the enterprise: |  |
| 2 | Name of the facility/process: |  |
| 3 | Expected time of contract conclusion: |  |
| 4 | Expected commissioning time of the facility: |  |
| 5 | Purpose of the Low-Voltage Complete Device: |  |
| 6 | Dimensional restrictions, mm: |  |
| 7 | Degree of protection IP: |  |
| 8 | Climatic design UHL: |  |
| 9 | Earthing system: |  |
| 10 | Power supply category: |  |
| 11 | Additional options: |  |
| 12 | Other technical requirements: |  |

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| **Power Equipment** | | | | | | | | |
| № | Name of power consumer | Quantity, pcs. | Current, A | Voltage, V | Power, kW | Control | | |
| Direct start | Soft Starter | Variable Frequency Drive |
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| **Control and Measuring Instruments** | | | | | | | |
| № | Sensor type | System | | Quantity, pcs. | Signal type | | |
| DCS | ESD | 4-20мА | Discrete | Other (specify) |
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A completed questionnaire is kindly requested to be sent to the e-mail address: [office@zavkomepc.com](mailto:office@zavkomepc.com).

We thank you for your interest in our company and look forward to mutually beneficial cooperation!