

CUSTOM TRANSFORMER QUOTATION REQUEST

Information is required prior to quotation being issued | Email this form to solahd.technicalservices@emerson.com or fax to (800) 538-6545.

SolaHD is pleased to offer the broadest range of transformers on the market including many custom designs. If you can't find what you are looking for, please fill out the information below and submit to our Technical Services Group at solahd.technicalservices@emerson.com. We are happy to provide a quote on a custom transformer if available.

Information in bold is REQUIRED prior to quotation being issued.								Date: _____							
Customer Information															
Distributor: _____								Representative: _____							
Contact: _____								Contact: _____							
Account Number: _____								Phone: _____							
Phone: _____								Fax: _____							
Fax: _____								Email: _____							
Email: _____								Job/Project Name: _____							
City/State: _____															
1: Specifications															
1A: Size															
<input type="checkbox"/> 15	<input type="checkbox"/> 25	<input type="checkbox"/> 30	<input type="checkbox"/> 37.5	<input type="checkbox"/> 45	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100	<input type="checkbox"/> 112.5	<input type="checkbox"/> 150	<input type="checkbox"/> 167	<input type="checkbox"/> 225	<input type="checkbox"/> 300	<input type="checkbox"/> 500		
<input type="checkbox"/> kVA	<input type="checkbox"/> VA														
1B: Quantity															
_____ Number of Units				<input type="checkbox"/> One Time Buy				<input type="checkbox"/> Annual Usage				_____ Frequency of Purchase			
1C: Temperature Rise (Check One)															
<input type="checkbox"/> 80°C				<input type="checkbox"/> 115°C				<input type="checkbox"/> 150°C							
1C: Check all that apply															
<input type="checkbox"/> Three Phase				<input type="checkbox"/> Single Phase				<input type="checkbox"/> LVGP				<input type="checkbox"/> DOE 2016 (≥15kVA ventilated distribution transformers only)			
<input type="checkbox"/> 50 Hz				<input type="checkbox"/> 60 Hz (Standard)				<input type="checkbox"/> K-Factor 13							
<input type="checkbox"/> Copper Windings				<input type="checkbox"/> Aluminum Windings (Standard)				<input type="checkbox"/> K-Factor 20				<input type="checkbox"/> SCR Drive Isolation			
<input type="checkbox"/> No Electrostatic Shield				<input type="checkbox"/> Other: _____											
1D: Enclosure Type – Check all that apply															
VENTILATED:				<input type="checkbox"/> Open Coil (Top Terminated Standard (UL Recognized))				<input type="checkbox"/> NEMA 1				<input type="checkbox"/> NEMA 1 (SS)			
<input type="checkbox"/> NEMA 3R (WSXX)				<input type="checkbox"/> NEMA 3R (SS)											
ENCLOSED (NON-UL):				<input type="checkbox"/> TENV				<input type="checkbox"/> TENV (SS)							
ENCAPSULATED:				<input type="checkbox"/> NEMA 3R				<input type="checkbox"/> NEMA 3R (SS)				<input type="checkbox"/> NEMA 4/12 (SS)			
<input type="checkbox"/> NEMA 4X (SS)															
(SS) Stainless Steel Grade:				<input type="checkbox"/> Standard (304)				<input type="checkbox"/> Optional (316)							
Hazardous Location Class 1, Division 2:				<input type="checkbox"/> No				<input type="checkbox"/> Yes (UL Certified)							
1E: Other															
Please specify _____															
3: Industrial Control Transformers															
<input type="checkbox"/> ICE				<input type="checkbox"/> HSZ Series				<input type="checkbox"/> Other: _____							
4: Primary Voltage							5: Secondary Voltage								
<input type="checkbox"/> 120	<input type="checkbox"/> 208	<input type="checkbox"/> 240	<input type="checkbox"/> 480	<input type="checkbox"/> 600	<input type="checkbox"/> Other: _____		<input type="checkbox"/> 120	<input type="checkbox"/> 208	<input type="checkbox"/> 240	<input type="checkbox"/> 480	<input type="checkbox"/> 600	<input type="checkbox"/> Other: _____			
Taps:		<input type="checkbox"/> Standard: _____			<input type="checkbox"/> Other: _____		If Three-Phase:		<input type="checkbox"/> Delta (Standard)		<input type="checkbox"/> Wye				
If Three-Phase:		<input type="checkbox"/> Delta (Standard)													
6: Agency Certification															
<input type="checkbox"/> UL				<input type="checkbox"/> CSA or cULus				<input type="checkbox"/> CE				<input type="checkbox"/> Other: _____			
7: Additional Information															
Please quote a Catalog or Design Number :				<input type="checkbox"/> Similar to (must note changes above): _____				<input type="checkbox"/> Exactly Like: _____							
Does this request pertain to a bid specification?:				<input type="checkbox"/> No				<input type="checkbox"/> Yes							
8: Competitive Data – Must be completed for special pricing considerations															
End User/Contractor: _____							Competition: _____								
Competitor's Part Number : _____							Competitor's Price : _____								
Target End User's Price : _____							Distributor Margin: _____								