

1170 Andover Park West, Seattle, WA 98188-3909  
Phone: (800) 426-4757, (206) 575-3344  
Fax: (206) 575-3505



**GENERAL APPLICATION  
ANALYSIS REQUEST AeroGo, Inc.**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Quote due date: \_\_\_\_\_

Seattle Office Use Only:  
Rcvd date: \_\_\_\_\_  
Rcvd by: \_\_\_\_\_  
Q# \_\_\_\_\_ - \_\_\_\_\_

**CUSTOMER**

Customer Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact Names/Titles: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF REQUEST**

FORMAL REQUEST: RFQ Number \_\_\_\_\_ (Send complete RFQ to AeroGo)  
 INFORMAL REQUEST from:  Buyer  Engineer  End user  \_\_\_\_\_  
PRICE required:  Firm/fixed  Budget estimate ( $\pm 10\%$ )  ROM ( $\pm 25\%$ )  
DRAWING/SKETCH required:  Yes  No

**EQUIPMENT SERVICE / TECHNICAL SOLUTION**

What equipment, service or technical solution are you requesting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [Use additional page(s) if required]

**APPLICATION FACTS**

LOAD WEIGHT: Minimum \_\_\_\_\_ lbs/tons/MT Maximum \_\_\_\_\_ lbs/tons/MT  
LOAD DIMENSIONS: \_\_\_\_\_ wide by \_\_\_\_\_ long by \_\_\_\_\_ high  
LOAD CENTER OF GRAVITY (CG) is:  Centered  Off-center by \_\_\_\_\_ % or \_\_\_\_\_  
CG height from floor: \_\_\_\_\_  other, describe: \_\_\_\_\_  
DESCRIBE application in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PROVIDE SKETCH OR DRAWING ON THIS PAGE.  
[Use additional page(s) if required]

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DESCRIBE ONE COMPLETE CYCLE of movement or material handling motion requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [Use additional page(s) if required]

UNLOADED MOVEMENT on A/G equipment with air on is desired:  Yes  No

LOAD BASE is:  Flat  Rigid  Flimsy  Matrix frame  other: \_\_\_\_\_

Aero-Go equipment to be:  Load placed on A/G equipment by \_\_\_\_\_  
 Permanently installed under load  Slid under load for each move

DESCRIBE any special painting, welding, noise or safety codes, unusual temperatures, etc. that must be met:

MOVEMENT: Distance: \_\_\_\_\_ Move speed(s): \_\_\_\_\_

Frequency: how many times a shift or day: \_\_\_\_\_

Ramps to negotiate, describe: \_\_\_\_\_

Curves/corners to negotiate, describe: \_\_\_\_\_

Rotation desired: \_\_\_\_\_ degrees, describe: \_\_\_\_\_

Movement Method:  Manpower  Winches or other rigging controls  
 Cam followers  Customer furnished vehicle \_\_\_\_\_  
 A/G internal drive  A/G detachable drive  
 A/G guide wheel  \_\_\_\_\_

**POWER OR ENERGY SOURCE**

Air:  Available in plant  Rented compressor  New compressor purchase planned

Compressor/blower type and horsepower: \_\_\_\_\_; \_\_\_\_\_ scfm @ \_\_\_\_\_ psi

Distance from compressor to move site: \_\_\_\_\_

Main line size: \_\_\_\_\_ inch I.D. Drop line size: \_\_\_\_\_ inch I.D.

Other:  Electric  Battery  Air tanks  Hydraulic

Describe: \_\_\_\_\_

**OPERATING SURFACE**

CONCRETE  Flat / level  Within 1/4 inch in 10 feet, or  \_\_\_\_\_ in 10 feet  
coated with \_\_\_\_\_ sealed with \_\_\_\_\_

Expansion joints:  Filled  Unfilled

Describe size and frequency: \_\_\_\_\_

SHEET METAL OVERLAY  OTHER: \_\_\_\_\_

Describe floor loading requirements, if any: \_\_\_\_\_

**ALTERNATIVE MOVEMENT METHODS**

Are you looking at alternative methods of doing this job?  Yes  No

Wheels  Rail  New crane  Conveyor  Other: \_\_\_\_\_

Cost of alternative methods or solutions: \_\_\_\_\_

Existing movement method: \_\_\_\_\_

**CUSTOMER'S BUDGET & TIMING**

Budget is \$ \_\_\_\_\_  Budget yet to be established  Expects to pay about \$ \_\_\_\_\_

Need equipment in-plant date: \_\_\_\_\_

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Other equipment being bid, who/number of bidders: \_\_\_\_\_

\_\_\_\_\_