



Better Air is Our Business®

Application Questionnaire



Please visit [www.aafintl.com/Rep Locator](http://www.aafintl.com/RepLocator) to find your local AAF Representative to send this form by email.

Contact Information:

Name: _____

Company: _____

Title: _____

Address: _____

City, State, Zip: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

Preferred Method of Communication: _____

Briefly Describe the Application:



Application Information:

Temperature (°C, °F, K): _____

Flow Rate (acfm, scfm, m³/hr): _____

Pressure (in. wc, psi, Pa): _____

Relative Humidity (%): _____

Operating time (hours/day): _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Contaminant (ppmV) _____

Treatment Objective (ppmV, % removal): _____



AAF has a policy of continuous product research and improvement and reserves the right to change design and specifications without notice

ISO Certified Firm

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