



CUSTOM PROBE AUTHORIZATION

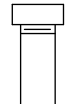
Tank Height: _____ Tank Actual Capacity: _____


Mounting Height: _____ Tank Contents: _____

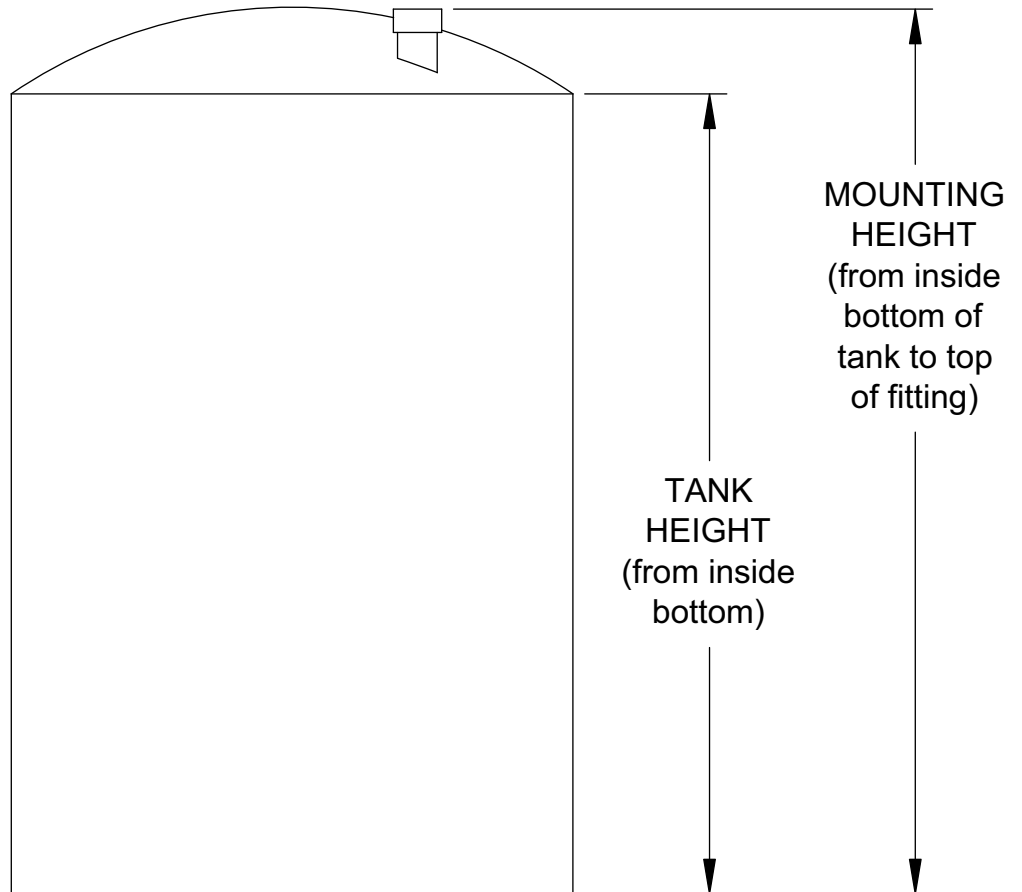
Supply mounting information below


Tank Fitting (Female) DIA. _____ "


Nipple (Male) DIA. _____ "


Coupling (Female) DIA. _____ "


Flange DIA. _____ "



Note: Although your tank may look different, the information required is the same.

Company: _____

Project: _____

P.O. No.: _____

Date: _____

Authorized By: _____

Signature: _____

RETURN TO:
Pneumercator Co. Inc.
1785 Expressway Drive North
Hauppauge, NY 11788
Phone: (631) 293-8450 Fax: (631) 293-8533
PCO Serial No.: _____
(PCO Internal Use Only)