To determine the appropriate air curtain selection, please fill in the following information.

**PROTECTION TYPE:**
- ○ Climate Control
- ○ Insect Control
- ○ Both

**OPENING TYPE:**
- ○ Retail/Commercial Entry
- ○ Drive Up Window
- ○ Patio Opening
- ○ Cooler/Freezer
- ○ Interior Opening
- ○ Other

**OPENING LOCATION:**
- ○ EXTERIOR OPENING
  - ○ Installed Indoors
  - ○ Installed Outdoors
  - Windstopping Protection:
    - ○ 5-10 mph
    - ○ 10-15 mph
    - ○ Other ___ mph
- ○ INTERIOR OPENING
  (Little or no outside winds)
  Through draft (mph) or temperature difference between doorways ___ mph ___ °F

**NEGATIVE PRESSURE:**
- ○ NO
- ○ YES approximate negative _________ FPM

**POSITION OF AIR CURTAIN:**
- ○ Horizontal Mount (Top of Opening)
- ○ Vertical Mount (On one or both sides of opening)
  
  *Not recommended for commercial applications*

**TYPE OF MOUNTING:**
- ○ Top Mount (Ceiling suspension rods)
- ○ Wall Mount
- ○ Other ___

**VOLTAGE SELECTION:**
- ○ 120/1/60
- ○ 208/1/60
- ○ 240/1/60
- ○ 208/3/60
- ○ 240/3/60
- ○ 480/3/60
- ○ 600/3/60
- ○ Other

**HEAT:**
- ○ None
- ○ Electric
- ○ Steam
- ○ Hot Water
- ○ Indirect Gas Heat
- ○ Direct Gas Heat
Check appropriate door type. Please fill in as much dimensional information as possible.

DOOR WIDTH _______ ft. _______ in.  DOOR HEIGHT _______ ft. _______ in.

☐ ROLL-UP (Canister)

☐ ROLL BACK (Garage Style)

☐ VERTICAL RISE

☐ SWING DOOR

☐ SLIDING-ROLLING DOOR

☐ AUTOMATIC BI-PARTING