



YOUR HVAC PARTNER SINCE 1920

Ventilation Equipment (MUA) Quote Form

Please complete and return this form to your local branch or email it to commercialsales@oconnorhvac.com.

If your application requires something more custom or special, please add items to the notes section at the end.

Date: _____ Company name: _____ Company contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (main): _____ Phone (cell): _____

Project name: _____ Project location: _____

Unit location*: Indoor Outdoor

Cabinet configuration/Discharge orientation*:

- Horizontal / Horizontal
- Horizontal / Vertical (Down)
- Horizontal / Vertical (Up)
- Vertical / Horizontal
- Vertical / Vertical (Up)

Unit mounting*:

- Provide perimeter curb
- Mounted on curb (no curb needed)
- Mounted on rails (no curb needed)
- Provide unit stand (vertical units only)
- Other: _____

Voltage/phase*: 120/1 208/1 230/1 208/3 230/3 460/3

Required airflow (CFM)*: _____

External static pressure requirement in inches WC (ESP)*: _____

Do you need a VFD?*: Yes No If yes, please describe how the fan should be controlled: _____

Heat Source*:

- Indirect fired
- Direct fired (not allowed in residential applications)
- Electric resistive heat
- Hot water
- Steam
- None (cooling only unit or air handler only)
- Other: _____

Please enter the winter design temperature in degrees F*: _____
(i.e. the coldest temperature expected to hit the heating source or X for units without heat in degrees F; ex. -10)

Please enter the requested heat size (or X for units without heat)*: _____
(ex. 400 MBH or 90 degree temperature rise or 120 kW)

Heating Controls*:

- Modulating - Discharge Temperature
- 2-Stage (Indirect Fired/Electric Only) - Discharge Temperature
- By others
- None (for units without heat)
- Other: _____

*Required information.

Ventilation Equipment (MUA) Quote Request Form continued

Space Override Required*: Yes No Please add any specific heating requirements: _____

Cooling Source*:

- None
- DX (Packaged)
- DX (Split with remote condenser)
- DX (Split with remote condenser by others)
- Chilled Water
- Other: _____

Please enter the summer design temperature in degrees F*: _____
(i.e. the warmest temperature expected to hit the cooling source (or X for units without cooling; ex. 91/74)

Please enter the requested cooling capacity (or X for units without cooling)*: _____
ex. 20 tons or 240 MBH or specify leaving air temperature

Reheat*:

- None
- On/Off - Hot Gas DX
- Modulating - Hot Gas DX
- Hot Water or Steam Coil in Reheat Position
- Other: _____

Please add any specific cooling of humidity requirements: _____

Dampers*:

- No Dampers
- On/Off 100% outside air damper
- Modulating OA/RA dampers - maintain building pressurization
- Modulating OA/RA dampers - maintain building pressurization with minimum OA position
- Modulating OA/RA dampers - potentiometer position control
- 2-position OA/RA dampers
- 3-position OA/RA dampers
- Multiple position OA/RA dampers based on multiple external contact logic control
- Other: _____

Please add any specific damper control requirements: _____

Building Management System Integration*:

- None
- BACnet
- Lonworks
- N2 (JCI)
- Modbus
- Other: _____

Please add any other options, notes, or requirements you will need or which may be shown in the schedule notes or specifications. Please do not assume that we will include anything—if you want it, please let us know (or X for nothing)*:

For internal use only

Date: _____ Employee name: _____

Company account #: _____ Comments: _____