



EMERGENCY INVERTER 1-2-3 RFQ

Date: _____
Your Name: _____
Envoy Rep Agency: _____
Phone: _____
email: _____

Installation Destination Zip Code: _____

Quantity/# of inverters? _____

System series type: _____

What is the system capacity? KVA Rating: _____

1. Please consider power consumption and maximum current of the complete lamp fixture not just the lamp wattage (ie: ballasts consumption)
2. Please consider loads power factor
3. Even if the systems can run with 100% load, it is recommended as standard practice to use a system with a capacity at least 20% over maximum connected load

Input voltage? _____

Phase: _____ Hertz: _____

Single phase: _____

Three phase: _____

Output voltage? _____

Single phase: _____

Three phase: _____

Output Circuit Breakers: Normally On Normally Off

Qty: _____

Amps: _____

Voltage: _____

Type of loads? _____

Incandescent _____

Fluorescent _____

H.I.D. _____

LED _____

Other _____

Emergency mode? _____

90-minutes: _____

Other: _____

Indoor or outdoor unit(s)? Indoor: _____

Outdoor: _____

Options? _____

10-year sealed lead batteries: _____

20-year sealed lead batteries: _____

Maint. Bypass switch: _____

Auxiliary breakers: _____

Number of voltages on the output? _____

Other: _____

Cross Listing: _____

Mfg'r: _____

Model: _____

Part #: _____

EMAIL ALL RFQ TO QUOTES@LSL247.COM

INVERTER RFQ MAY TAKE 12 HOURS, PLEASE BE PATIENT