



# Quotation Request Form Magnetostrictive Level Transmitter

Ref No:

Name:

Date:

Email:

Transmitter Type:  Contact  Non-Contact

Phone:

Display Required:  Yes  No

Approval Required:  FM  CSA  Intrinsically Safe  
 None  Extrinsically Safe Other: \_\_\_\_\_

Specific Gravity: Operating -  Minimum -

Interface - Upper  Lower -

Stilling Well:  Yes  No  
*(for contact type only)*

Fluid:

Temp: Operating -   °F  °C

Maximum -   °F  °C

Pressure: Operating -   psi  bar

Maximum -   psi  bar



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For contact type only: C to C Distance -

Process Connection Type -  Connection Size -

For non-contact type only: Measuring Length

Mounting:  90° Top Left  90° Top Right Direct

90° Bottom Left  90° Top Right

Options & Special Notes:

