



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:

