

Required Information for Fusible Lighting Panel Quote Request

Project Detail

Sales Engineer

Project Name

Project City

Project State/Province

Country

Required Information for Fusible Lighting Panel Quote Request

Fill one per panel

Panel Information

Panel Designation: _____

Load Side Options: _____

Feed Type: Top Bottom

Type of Feed Through Lug (if applicable): _____

Voltage Type: AC DC

Service Entrance Panel: No Yes

Voltage Rating: _____

Enclosure Type: _____

Main Device _____

Door Type _____

Fuse for Main Switch Only select if Main Switch with Fuse selected above _____

Mount Type: Surface Mount Flush Mount

Bus Amperage Rating: Select only if Main Switch w/ Fuse not chosen above _____

Branch Circuit Position per panel: _____

Ground (Service Entrance Panel must have non-isolated ground): _____

Neutral (Service Entrance Panel must have bonded neutral): _____

Short-Circuit Current Rating (kA): _____

Panel ID Nameplate: Yes No

O&M Manual: Yes No

Panel ID Nameplate Text (if needed): _____

Circuit Numbering: _____

Starting Number for Circuit Numbering: _____

Factory Installed Circuit Numbering: Yes No

Knockout Selection: _____

Select below if a factory installed Surge Protection Device is required

System and Voltage _____

Select System and Voltage for Factory installed SPD based on chart below:

System & Voltage	Catalog Number	Discharge Current		Response Time	SCCR	Data Sheet Number
		Nominal (In)	Maximum (Imax)			
Single-phase, 120/240	BSPM2240S3G	20 kA	40 kA	≤25 ns	200 kA	2150
Three-phase Wye, 208/120	BSPM4208WYNG					2152
Three-phase Wye, 480/277	BSPM4480WYNG					2152
Delta, 480	BSPM3480DLG					2151

Fusible Branches

Branch Fuse Type: Indicating Non-indicating

Number of Switches	# of Poles (1,2, or 3)	Amperage
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>

Once form is completed, email form to : Anthony.Fraboni@siemens.com