

Distributor: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

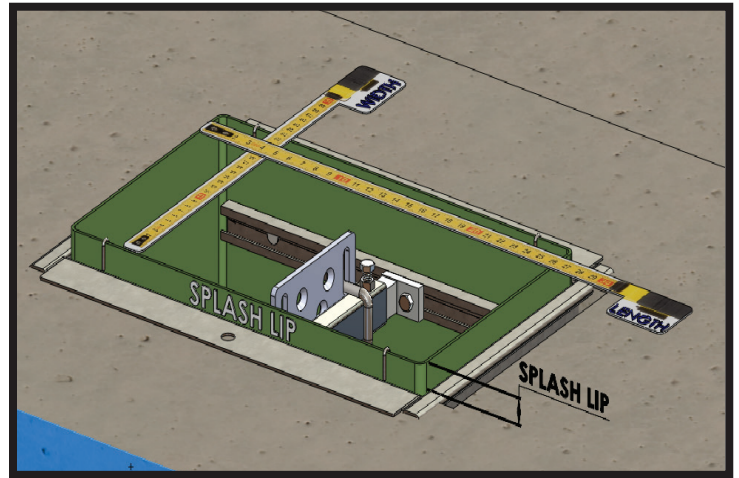
## Existing UDC Sump

If not a Bravo-manufactured UDC, what is the make / model? \_\_\_\_\_

Shallow Pan  Deep Sump  Quantity \_\_\_\_\_

Number of existing anchor bolts: \_\_\_\_\_

Does the existing UDC have a water splash lip?  **Yes**  **No**  
 If yes, how tall is the lip? \_\_\_\_\_  **OR**



<b>R E Q U I R E D</b>	<b>New Dispenser</b>
	DISPENSER MANUFACTURER: _____
	DISPENSER MODEL #: _____

<b>Water Splash Lip Opening (I.D.)</b>
MEASUREMENT SHOULD BE PLUS/MINUS 1/4"
LENGTH: _____ +/- 1/4" <span style="font-size: x-small; margin-left: 100px;">INCHES</span>
WIDTH: _____ +/- 1/4" <span style="font-size: x-small; margin-left: 100px;">INCHES</span>
If dimensions above are left blank, this request will not be processed and will be returned. No Exceptions.

**FOR THE STATE OF CALIFORNIA - PURCHASE OF ADDITIONAL COMPONENTS MAY BE REQUIRED**

Does conduit exist within 2" of inner opening?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(IF YES: Retrofit required in California. Retrofit plates recommended outside of California.)
Does conduit exist outside the UDC water splash lip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is conduit on 1 or 2 sides of vapor panel?	<input type="checkbox"/> 1 SIDE	<input type="checkbox"/> 2 SIDE	<input type="checkbox"/> If conduit exists on both sides, check this box
STANDARD CONVERSION FRAMES WILL NOT WORK. CONTACT FACTORY.			

<b>BRAVO use only</b>	Sales Order # _____
Existing # _____	New # _____

**FOR ASSISTANCE, CALL BRAVO AT 800.282.7286**  
OR EMAIL TO [ORDERS@SBRAVO.COM](mailto:ORDERS@SBRAVO.COM)