

To: Attn: Adm. Asst. – Sales
 Ariel Corporation
 35 Blackjack Road
 Mount Vernon OH 43050 USA



Date: _____
 Phone: 740-397-0311
 Fax: 740-397-3856

From: _____

**ROTARY COMPRESSOR WARRANTY NOTIFICATION
 AND INSTALLATION LIST DATA**

Coverage Under ARIEL'S Warranty Policy Is Based Upon
 Receipt Of Notification And Complete Information

- Unassigned
- Resale
- Direct Sale
- Lease-Purchase
- Rental/Lease Unit

Fabricator

Company _____
 Address _____
 City _____ State _____ Zip _____
 Fabricator's Unit No. _____

Customer

Company _____
 Address _____
 City _____ State _____ Zip _____

Documentation and Accessories

Are the Following Included in Unit Shipment?

1. Operator's Technical Manual yes no
2. Unit parts list and drawings yes no
3. Recommended spare parts list yes no
4. Start-up check list yes no
5. Toolbox & Ariel tools yes no

Compressor

Model/Type _____
 Frame Serial No. R- _____
 Applied RPM _____
 Package Shipment Date _____
 Package Start-Up Date _____

Prime Mover (Driver)

Applied RPM _____
 Driver Manufacturer _____
 Model _____
 Applied Horsepower _____
 Coupling Manufacturer _____
 Model _____

Unit Location

Project Name _____
 Closest Town _____
 Country _____ State _____
 Offshore yes no
 Directions to Location _____
 Contact Person(s) _____
 Contact Phone _____
 "OK" to Contact: yes no

Operating Conditions

Compressor Application: _____
 (Gathering, Injection, Recycle, Booster, etc)
 Gas Compressed _____ (NG, CO₂, N₂, Air, etc.)
 Gas Analysis is Attached: yes no

Specific Gravity _____ Capacity _____ MMSCFD
 Elevation _____ Ft. 'N' value _____
 H₂S _____ % CO₂ _____ %
 Photographs¹: yes no

Compressor Configuration & Operating Conditions

	Gear Ratio	Oil Pump	Inlet °F	PSIG	Discharge °F	PSIG
Design Conditions	_____	_____	_____	_____	_____	_____
Start Up Conditions	_____	_____	_____	_____	_____	_____
Compressor Oil Used, Make/Type _____						

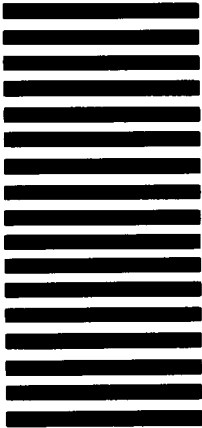
¹ Place a card on the unit showing the serial number in approx. 6 inch letters. Capture the entire package in the photographs.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 763 MT. VERNON, OHIO
POSTAGE WILL BE PAID BY ADDRESSEE



ATTN: ADM. ASST. - SALES
ARIEL CORPORATION
35 BLACKJACK ROAD
MOUNT VERNON OH 43050
USA

