

HOGEN® Hydrogen Generator Preliminary Customer Application Data Sheet

SALES REPRESENTATIVE

| | | | |
|-----------------|------------------------------------|---|--|
| Date (mm/dd/yy) | Sales Rep Name / ID Scott Knapp | Sales Rep Phone Number 909-496-4337 | Sales Rep e-mail Sknapp@distributed-energy.com |
| | Outside Sales Rep Name | Outside Sales Rep Phone Number 818) 254-7020 | Outside Sales Rep e-mail |

CUSTOMER INFORMATION

| | | | |
|--------------------------------|-----------------------|-------------|----------|
| Customer -Name | Status (new/existing) | Industry | End user |
| Address | 1st Contact | | Title |
| Billing Address (if different) | Phone | Ext. | E-mail |
| Closest Airport | Web | 2nd Contact | |
| | | Title | |
| Additional Information | Phone | Ext. | E-mail |

PROCESS APPLICATION

PROCESS EQUIPMENT

| | | | | | | | | |
|---|--------------------------------------|-------------------------------|--|----------|-------------------|-----------------|-------|----------------|
| Application: | Manufacturer, Model (size), Quantity | | | | | | | |
| <u>Flow Rate</u> | <u>Pressure</u> | ELECTRICAL INFORMATION | | | | | | |
| Nominal: | | | | | Available Voltage | Frequency 50/60 | Phase | Service Rating |
| Minimum: | | | | | | | | |
| Maximum: | | | | | | | | |
| Additional Information (Peaks, purges, or flow patterns?) | | On Grid | | Off Grid | | cost per kW | | |
| Duty Cycle: <u>hrs/day</u> | <u>days/wk</u> | Hydrogen Grade or Purity | | | | | | |
| | | Additional Information | | | | | | |

CURRENT SUPPLY

DI WATER SYSTEM INFORMATION

| | | | | | |
|------------------------|---------------------|------------------------|--|---------------------------|-------|
| Supplier | Contract Start Date | Needed y/n: | Conductivity <small>(mg/dm3/mcico-siemens)</small> | Drainage | Model |
| | End Date | | | | |
| Hydrogen/Nitrogen | Mode of Supply | Manufacturers Name | | Piping and tank materials | |
| Cost information | Cost / 100 SCF | Pressure: | <u>Rate</u> | <u>Unit of Measure</u> | |
| | | Flow: | | | |
| Additional Information | | Additional Information | | | |

EXISTING EQUIPMENT

COOLANT SYSTEM INFORMATION

| | <u>Rent/Own</u> | <u>Pressure</u> | <u>Size</u> | <u>Frequency of refill or delivery</u> | Need? If have fill in data | Composition: Water? Glycol? Mix? | Source: Evap, Refridg., River? | Quality: pH? Turbidity? |
|--|-----------------|-----------------|-------------|--|----------------------------|-------------------------------------|--------------------------------|---|
| Buffer Tank | | | | | | | | |
| Tubes | | | | | | <u>Pressure (20 psi min)</u> | <u>Temp (40-95F)</u> | <u>Flow Rate (6.6,5,8,5,9,12 @max Temp)</u> |
| | | | | | | Nominal: | | |
| Cylinders | | | | | | Minimum: | | |
| | | | | | | Maximum: | | |
| H2 Supply and distribution piping size and approx length | | | | | Additional Information | | | |

ENVIRONMENTAL CONDITIONS

COMMUNICATION

| | | | |
|--|--|-------------------|------------------------|
| Location (indoor/outdoor?) | Air Quality (coal/dust?) | Temp - deg C or F | Landline |
| | | Nominal: | Dedicated, y/n |
| Elevation | Indoor Room Ventilation: cfm M ³ /min | Minimum: | Internet |
| | | Maximum: | Wireless |
| Indoor room dimensions L x W x H ft / meters ? | | | Additional Information |

APPLICABLE CODES AND STANDARDS REQUIRED

| | | | |
|---------------|----------------|----|------------------------|
| UL Equivalent | CSA Equivalent | CE | Additional Information |
|---------------|----------------|----|------------------------|

DESIRED FEATURES OR OPTIONS

ADDITIONAL COMMENTS

| | |
|--|--|
| | |
|--|--|