



Air Conditioning Evaluation Report

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Name: _____ Date: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

Vessel Name: _____ Year: _____
Builder: _____ Hull No. _____
Project Location: _____
Usage: (commercial, pleasure, fish, dive, etc.) _____
 New Construction Refit Model/Capacity _____

Area	Description	Length	Width	Height	Total Cu. Ft.	Engineering Approval Required	
						BTU Factor	BTU Required
#1	_____	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____	_____	_____
#7	_____	_____	_____	_____	_____	_____	_____
					Total		

Heat Required? Reverse Cycle Electric
Generator model/kW: _____ Voltage/Hz: _____ Phase _____
Shore Power: 30 Amp 50 Amp 100 Amp Number of cords _____

Please complete the above section of this form and return to your Technicold representative.

Proposed Air Conditioning Components

Quote No. _____

Split DX _____ Chilled Water _____ Raw Water Pump GPM _____

Notes:

