

Application for Solar DHW System Approval

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Applicant Information	Vendor Name:	Contact Name:
	Mailing Address:	Telephone Number:
	City, State, & Zip:	System Designation:

	Model No.	Manufacturer's Name & Address	No. Used	Rating; BTU/Day	Total Rating
Collector lternatives					
Collector					
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	Model No.	Manufacturer's Name & Address	Rating HP	Rating Watts
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Pump Alternativ				

Model I	o. Manufacturer's Name & Address
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Alternatives	
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	Model No.	Manufacturer's Name & Address	Gallons
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Alternat			
Alte			

	Specify if you use a heat exchanger AND if it is separate from the storage tank.				
ger	Model No.	Manufacturer's Name & Address			
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		Specify only if there are fluids used in the system other than potable water or air.		
at	nsfer uid	Manufacturer's Name & Address	Brai	nd Name
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	Piping/Tubing			Method(s) For Collector Freeze Protection:
ellan iirem	Material:	Diameter:	Schedule:	Recirculation
	Method To Prevent Thermosyphon Losses:			Anti-Freeze Fluid
	O Motorized Check Valve	Make & Model:		Thermally Operated Freeze Protection Valve
Misc	C Gravity Check Valve	Make & Model:		Drain-back or draindown
	Other:			Cther:

	Please remember the following requirements when submitting an application:
Additional Documentation	System diagram, on 8 ½ x 11 " page, showing all components in their intended arrangement.
	Completed System Plumbing Sheet for all items used on the system. Include working fluid and/or flow rate recommendations or restrictions. If a heat transfer fluid other than water is to be used, thermal conductivity and toxicity shall be provided.
	Manual describing system operation and maintenance for the owner. More than one system may be described in a manual. Complete the Manual Checklist, include page numbers of each required item.
	Product warranty.
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	Completed application and all attachments must be submitted in PDF format to:
	thermal@fsec.ucf.edu