

PROJECT #:

Loudspeaker Mounting: Application Checklist

Please email manufacturer's data sheets and CAD drawings with this form to sales@adaptivetechnologiesgroup.com
 Allow a few days for your project to be reviewed. If you need assistance in completing this form,
 please call **1-562-424-1100 (Tel) PST** and ask for an application specialist.

Contact Info: Todays Date: _____
 Name _____
 Title _____
 Company _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____

Classification: OEM Systems Integrator End User
 Awarded Bidding Consultant
Job Status: Awarded Bidding
Installation: Quote Due: _____
 Install Date: _____

Check-mark documents supplied: Sketch Photos CAD Drawing Datasheets

Tell us about your application

Application		
Indoor		Outdoor
Marine		Covered-Inland
Single Speaker		Cluster
Permanent		Portable/Touring
Wall Mounted		Ceiling Mounted
Pole Mounted		Deck Mounted

Tell us about the desired size of your Rig

Aiming	Description	
Down Angle°		
Pan Angle°		
Line Array	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Qty. Speakers Wide		
Qty. Speakers High		
Orientation	Horizontal	Vertical
	<input type="checkbox"/>	<input type="checkbox"/>

Facility/ Venue	
Type of Facility(s)	
Qty Locations	
Speaker to Ceiling (ft)	
Speaker to Floor (ft)	
Ceiling/ Wall Structure	

Tell us about what you are installing

Speaker Info.	Description	
Speaker Make		
Speaker Model		
Speaker Weight		
Powered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wire Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specifications		
DSA Compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PE / SE Stamp	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CAD Drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Powder Coat	<input type="checkbox"/>	<input type="checkbox"/> Weatherized
Color Spec.		