



Application Checklist: Speaker Mounting

Download and complete this form, then email to sales@adaptivetechnologiesgroup.com. An application specialist will contact you shortly.

Contact Info:

Name _____
 Title _____
 Company _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____

Classification:

OEM
 Systems Integrator
 End User
 Consultant

Job Status: Installation:

Awarded Install Date: ____ / ____ / ____
 Bidding Quote Date: ____ / ____ / ____

Tell us about your application

Application			
<input type="checkbox"/>	Indoor	<input type="checkbox"/>	Outdoor
<input type="checkbox"/>	Marine	<input type="checkbox"/>	Cluster
<input type="checkbox"/>	Single Speaker	<input type="checkbox"/>	Portable
<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Covered-Inland
<input type="checkbox"/>	Wall Mounted	<input type="checkbox"/>	Ceiling Mounted
<input type="checkbox"/>	Pole Mounted		

Tell us about the desired size of your Rig

Aiming	Description	
Down Angle°		
Pan Angle°		
Line Array		
Qty. Speakers Wide		
Qty. Speakers High		
Total Weight		
Orientation	Horizontal	Vertical

Facility/ Venue	
Type of Facility(s)	
Qty Locations	
Distance to Ceiling	
Distance to Floor	
Ceiling/ Wall Structure	
Distance to Audience	

Tell us about what you are installing

Speaker Info.	Description
Speaker Make	
Speaker Model	
Speaker Weight	
Wall Studed Plate	
Powered	
Wire Management	
Safety Cables	

Specifications	Description
Finish	
DSA Compliance	
PE / SE Stamp	
CAD Drawings	

Speaker Service	Front	Rear	Front & Rear
Speaker Access			