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RETURN COMPLETED FORM TO
INFO@APGDUALFUEL.COM

APG S4000 DUAL FUEL APPLICATION QUESTIONNAIRE

Questionnaire must be completed in its entirety. Incomplete documents will be returned for completion.

Base engine must meet rated power – See APG Terms

APG Dealer _____ Dealer Contact _____ Date _____

Address _____ City _____ State _____ Zip _____

Country _____ Phone _____ Email _____

Engine Owner _____ Engine Location _____

Engine Operations Contact _____ Operations Contact Phone _____

Engine Make / Model _____ Engine Serial Number _____ Engine Year of Manufacture _____

Engine HP Rating _____ Engine Hours _____ Emissions Tier of Engine _____

Date of Last Rebuild _____ Hours Since Last Rebuild _____ Inline or V Configuration _____

CANBus Details (Choose one): J1939 or J1708 or RS-485 (If RS-485, identify brand of controller _____)

FOR GENERATORS (KW) OR DIRECT DRIVE ENGINES (HP):

Generator Standby KW Rating: _____

Generator Output Voltage: _____

Generator HZ Rating: _____

Specifications for any custom brackets or spacers required for relocation of air intakes: _____

Will battery backups be provided? Yes No

FUEL PROPERTIES

Pipeline Well-Head* Other*

*If Well-Head or Other, please attach gas analysis.

Number of Turbos: _____ Number of Air Intakes: _____

Turbo Configuration (i.e. Back-to-Back): _____

Outside Diameter of air intake pipe to turbo: _____

Outside Diameter of air intake pipe at turbo: _____

Will air intake assembly need to be relocated to accommodate mixer installation?

Yes. Explain _____

No

AVAILABLE GAS PRESSURE: _____

AVAILABLE GAS VOLUME: _____

Natural gas flow meter required?

Yes. Explain: _____ No

NOTE ANY REQUIREMENTS FOR EMISSIONS REDUCTION EQUIPMENT IN THE SPACE PROVIDED BELOW:

Load bank available for commissioning? Yes No

House load available? Yes No

10% incremental loads available? Yes No

JOB SITE INFORMATION

Will installation be inside an enclosed building? Yes No

Scaffolding required? Yes No

Man lifts required? Yes No

Insurance Requirements: _____

Union Labor Requirements (If not applicable, please state in writing below):

List all certifications required:

State: _____

County: _____

City: _____

Gas: _____

Electrical: _____

Other: _____

Accessibility for APG Staff/Contractors (If day is not available, please indicate by writing N/A):

	Start Time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Other information relating to site accessibility (i.e. check-in required, which entrance to use, etc.):

ADDITIONAL COMMENTS

