



## SEFA-9-A Application Questionnaire

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RALAB requires that you complete the following questionnaire when buying a ductless fume hood. If you have questions or need assistance please contact your laboratory safety officer or contact RALAB customer service Toll-Free 1-844-446-7450.

Complete and return to RALAB via Toll-Free 1-844-446-7450, Email lab@ralab.ca.

### Chemical Compatibility Questionnaire

\*Required Field

#### About You (Person Submitting Quotation Request)

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title*	<input type="text"/>
Facility/Institution*	<input type="text"/>
Building/Room Number	<input type="text"/>
Street Address*	<input type="text"/>
Street Address 2	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/>
Zip*	<input type="text"/>

#### If an Existing Application

Model and serial number of fume hood	<input type="text"/>
Filter part number being used	<input type="text"/>

