



Automatic Load Bank Evaluation Report

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Name: _____ **Date:** _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Vessel Name: _____ **Year:** _____ **Hull No.** _____

Builder: _____

Project Location: _____

New Installation Refit: Brand/Capacity _____

Generators	Model	kW	Hz	Voltage	Phase	Parallel
#1	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____
		Base Load		Max Load		
#1	_____	_____ kW	_____	_____ kW		Example - At dock, or crew only
#2	_____	_____ kW	_____	_____ kW		Example - Crew only in transit
#3	_____	_____ kW	_____	_____ kW		Example - Owner, full charter

Distribution panel drawing available

Please complete the above section of this form and return to your Northern Lights representative.

To be filled in by Northern Lights representative.

Proposed Load Bank _____ **Quote No.** _____

kW _____ PLC w/Touch Screen

Notes _____

NOTE: Provisions must be made for Load Bank power supply to be available between generators and vessel's main buss. Additional equipment may be required.