



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	Power Factor	Parallel (y/n)
#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 CT Size Selected* _____ : 5

* NOTE: Current Transformers not included. CT size = maximum output of generator plus 20% safety factor.

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. _____ Model _____ kW _____

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.