



Date: _____

Please send to our office:
Fax +49-40-2801899
Email info@becker-marine-systems.com



OFFER REQUEST FORM



YOUR CONTACT INFORMATION

Name: _____ Telephone: _____
 Company: _____ Fax: _____
 Address: _____ Email: _____
 Please call me back



VESSEL & PROJECT DETAILS

Newbuilding Retrofit
 Certification: _____
 Type of vessel: _____ Shipowner: _____
 Name of vessel: _____ Delivery time: _____
 Shipyard/Hull No.: _____ Place of delivery: _____
 IMO No.: _____ Offer requested until: _____

Kind of battery application:
 Electric drive Hybrid drive Peak shaving
 Hotel load Others _____

Main engine power (kW): _____
 Generator power (kW): _____
 Hotel load (kW): _____



BATTERY SYSTEM REQUIREMENTS

Required discharge energy per cycle* (kWh): _____
 Requested battery capacity (kWh): _____
 Max. peak power to support (kW): _____
 Duration of peak power (sec.): _____
 Average power to support (kW): _____
 Charging power (kW): _____
 Charging time (min.): _____

Battery room height: _____
 No. of cycles/day: _____
 Vessel operating profile available**? Yes No
 Converter/switchbox required? Yes No
 Type of main grid > (DC/AC 1-phase/AC 3-phase): _____
 Nominal voltage of main grid: _____
 Other features/requirem. regarding battery system:

* Cycle = one full discharge and charge cycle of the batteries

** Please send vessel operation profile if available

SEND

PRINT

