



enquiry sheet for ceiling-high glazing



for ceiling-high glazing with installation according to abP 40-008-17-2*

Please fill in all fields and mark with a cross where applicable!

contact																																																					
company <hr/> contact <hr/> customer no. <hr/>	telephone <hr/> e-mail <hr/> project/commission <hr/> <div style="text-align: right; font-size: small;">(only one balustrade per sheet!)</div>																																																				
installation location:	installation																																																				
<input type="checkbox"/> indoor <input type="checkbox"/> outdoor	<input type="checkbox"/> according to test certificate (abP) <input type="checkbox"/> not relevant																																																				
planned glass type and glass dimensions																																																					
<input type="checkbox"/> LSG with FTG 21,52 mm (abP) (panel heights up to 4000 mm) <input type="checkbox"/> LSG with FG 21,52 mm (abP) (panel heights up to 3000 mm)* *(panel heights up to 3000 mm) = only with cp-system profiles and 1423/33	panel height: max. 4000 mm with LSG _____ mm max. 3000 mm with FG _____ mm panel width: (min. = 1000 mm) _____ mm																																																				
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connection at the top	connection below																																																				
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** system profile with short glass inset																																																					
Systemstatik für Innen- und Außenanwendungen auf Anfrage erhältlich.																																																					

* If a test certificate expires, a new test certificate number will be assigned.

