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Date: _____

Job Name: _____
(For Office Use Only)

Portable Power Distribution Take Off

Primary: Voltage Amps Phase Wire

Main Disconnect: Yes No Size

Primary SO Cord Yes No Length

Primary Qty Volts Amps Type

Recpticles Qty Volts Amps Type

Secondary: Voltage Amps Phase Wire

Recepticles GFCI Protected? Yes No

Qty Volts Amps Type

Qty Volts Amps Type

Qty Volts Amps Type

Qty Volts Amps Type

Enclosure Type: NEMA 1 (IP 10) NEMA 3R (IP 14) Other

4 Wheeled Cart 2 Wheeled Handtruck Frame Forklift

Lift Eyes Cord Storage Color

Special Instructions:

Name: _____ **Title:** _____

Company: _____ **Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____