



PROVEN & TRUSTED SINCE 1952

Hood Application Letter (HAL) for Recirculating (Ventless) Approvals

2750 Gunter Park Drive West, Montgomery, AL 36109
(800) 554-4537 services@gfse.com

PG. 1
rev. X 10/1/2026

All **Giles Recirculating Hoods** (Ventless) models' dimensions, electrical requirements, and venting requirements are in the specification sheet and manuals. All documentation can be found at www.gfse.com
Any questions please call **Giles** at (800) 554-4537

Please fill out this application, it must be fully completed to be approved. Please complete each section if applicable. Submit this application and all supporting documents with your PO.

Please supply documentation with application: • Spec Sheets (equipment under the hoods)
N/A for all Integral Recirculating Hoods • Manuals (equipment under the hood)

For NYC and L.A. Please contact **Giles Food Service Equipment** at services@gfse.com to inquire about additional documentation

Customer Information / End User

Business Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		

Project Contact: (Example: Onsite Contact, Consultant, GC, Dealer Sales Person or end user.)

Name	Email Address	Phone Number
Company		

Dealer Information

Name	Email Address	Phone Number
Signature	Company	

Giles Recirculating Hoods (Ventless) Giles Model # List

Giles Model Number, See Giles Ventless Hood Installation Requirements www.gfse.com	How many pieces of equipment under hood or N/A for Integral Vertical Recirculating Hoods	Project contact initial
1.		
2.		
3.		



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PG. 2

Heated Equipment List

N/A for Integral Vertical Recirculating Hoods

All heated equipment documents will be reviewed by a **Giles** Authorized Representative to make sure it meets all parameters set by UL. The Equipment will still need to be installed per the parameters set by UL which are listed on the specification sheet.

Manufacturer and Model Number (Please Attach All Spec Sheets)	From Above (1-3 from Giles Model # list)	Project Contact Initial

Customer/Owner/ End-user Signature

- I understand that the **Giles Food Service Equipment Recirculating** (Ventless) system is designed based on the information supplied in this application, changes made can affect its performance and may affect the **Giles** Ventless system warranty.
- I understand that incomplete or missing information on the equipment intended to be used under the Giles Ventless system will delay the application approval process and will delay this order from being entered for production. No production date will be scheduled until complete information is received.
- I understand that any equipment changes made after the application process may affect the **Giles** Ventless equipment including its performance or overall warranty of the of the Ventless system
- If this application/PO is approved, I understand that an authorized Giles Representative has the right to inspect the intended site either prior to installation and/or after the installation is completed
- I understand that permits, clearances, and proper installation are the sole responsibility of the end user. The product warranty will be voided if not adhered to.

• **My kitchen (Width) _____ Ft. X (Length) _____ Ft. = Kitchen SQ FT _____ (Kitchen Ceiling Height) = _____ Ft.**

• **I have read, understand and fully agree to abide by all of the Giles Recirculating Hood Installation and on-going Maintenance Requirements as noted in the following web document. (Click on and open the link below)**

• https://www.gfse.com/images/downloads/FRM0595_A_Giles_Light_Vertical_Recirculating_Hood_Installation_Requirements_6-15-2026.pdf

• https://www.gfse.com/images/downloads/FRM0594A_X_Giles_Horizontal_Recirculating_Hood_Installation_Requirements_6-15-26.pdf

"By signing below, I the Customer/Owner/End-User affirms I have read, fully understand & agree to abide by ALL stated installation requirements including kitchen size and required air room exchanges for the hood I am purchasing, and that my responses are accurate & truthful."

Name (Please Print)

Signature

Date

Giles Approval Signature (Giles Authorized Representative)

Name (Please Print)

Signature

Date