



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](mailto:services@gfse.com)

PG. 1  
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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](http://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](mailto: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 <a href="http://www.gfse.com">www.gfse.com</a>	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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## Heated Equipment List

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.

N/A for Integral Vertical Recirculating Hoods

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/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](https://www.gfse.com/images/downloads/FRM0594A_X_Giles_Horizontal_Recirculating_Hood_Installation_Requirements_6-15-26.pdf)

**“By signing below, Customer/Owner/End-User affirms they have read, fully understand & agree to abide by ALL stated requirements, and that their responses are accurate & truthful.”**

Name (Please Print)

Signature

Date

## Giles Approval Signature (Giles Authorized Representative)

Name (Please Print)

Signature

Date