

COMPANY:	PHONE:
CONTACT:	FAX:
ADDRESS:	E-MAIL:

DATE:

APPLICATION: (please attach customer drawing / sketch)

Brief Description: _____			
Annual quantities: _____	RFQ Quantities: _____		
Is This a New Design? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Modifications Possible? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drawing or Sketch Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the Seal Type? <input type="checkbox"/> Shaped <input type="checkbox"/> Circular		

SERVICE CONDITIONS:

Media: _____	Life Expectancy: _____
Working Temperature: _____	Max/Proof Pressure: _____ @ Temp. = _____
Working Pressure: _____	Max Temperature: _____ @ Pressure = _____
Pressure Direction: (Internal/External/Axial) _____	Target Sealing Level: Helium: _____ Std.cc/sec
Pressure Cycles: _____	Flow Rate: _____ cc/minute
Temperature Cycles: _____	Other: _____

FLANGE DETAILS: (Please Provide Drawing)

Amount of Flange Movment in Service: (Inches) _____	Radial: _____	Axial: _____	#Cycles: _____
Material: _____	Thickness: _____		
<input type="checkbox"/> Groove / Counter Bore: Please list dimensions in Groove Details section			
<input type="checkbox"/> ANSI Raised Face	Size: _____	# Rating: _____	Face Surface Finish: _____ (RMS)
<input type="checkbox"/> Flange(s) with Clamping System: (ISO,KF, etc)	Standard: _____	Size: _____	
<input type="checkbox"/> Other: _____	Description: _____	(Please Provide Drawing)	

GROOVE DETAILS: (Please Provide Drawing)

Type (Rectangular, Dovetail, etc.): _____			
Outer Diameter: _____	Tolerance: _____	Depth: _____	Tolerance: _____
Inner Diameter: _____	Tolerance: _____	Finish (RMS) _____	Type: _____
Finish Type: lathe (circular), endmill (multi-directional), other			

BOLTING DETAILS: (Please Provide Drawing)

Size: _____	Type / Grade: _____
Number: _____ Bolt Circle _____	Tapped / Through: _____

OTHER:

Special coating / plating specification:
Special quality / inspection specifications:
Other: