

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

APPLICATION DETAILS: (please attach customer drawing / sketch)

Brief Description: _____

Annual quantities: _____ RFQ Quantities: _____

Is This a New Design? Yes No Are Modifications Possible? Yes No

Drawing or Sketch Attached? Yes No What is the Seal Type? Shaped 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:
Pressure Cycles: _____	Helium: _____ Std.cc/sec
Temperature Cycles: _____	Flow Rate: _____ cc/minute
	Other: _____

FLANGE DETAILS: (Please Provide Drawing if Applicable)

Amount of Flange Movement in Service (inches) Radial: _____ Axial: _____ #Cycles: _____

Material: _____ Thickness: _____

Groove / Counter Bore: _____ Please list dimensions in Groove Details section

ANSI Raised Face: Size: _____ # Rating: _____ Face Surface Finish: _____ (RMS)

Flange(s) with Clamping System: (ISO, KF, etc) Standard: _____ Size: _____

Other: Description: _____ (Please Provide Drawing)

GROOVE DETAILS: (Please Provide Drawing if Applicable)

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: _____