

Application Data Form

Thank you for your request for engineering assistance. Answers to	the following questions will provide our Engineering department with information
	sure to provide as much information as available. Where possible, please provide
prints, layouts, or sketches of the proposed diaprhagm and insta	Ilation.
Type of Mounting	Cylinder Bore Diameter
Piston Diameter	Height
Up-Stroke	Minimum Operating Temperature
Down-Stroke*	Normal Operating temperature
Total Stroke	Maximum temperature
Minimum Pressure	Time Interval at High Temperature
Normal Pressure	<u> </u>
Maximum Pressure**	* Stroke as measured from flange
Reverse Pressure	** Operating and Surge
Pressure Differential	
Fuild or Gas in Contact with Diaphragm on High Pressure Side	
Fluid or Gas in Contact with Diaphragm on Low Pressure Side	
Estimated # of Cycles Required for Satisfactory Performance	Appox. Cycle Rate
Trim and Perforation Requirements	(Submit sketch or drawing if special trim/perforation requirements.)
Annual Quantity Requirements	Delivery / Release Requirements
Customer Part or Print No.	
If this is a current production part, please indicate any quality or	performance problems you may be encountaring
If appropriate, submit a sample part for Engineering Evaluation.	performance problems you may be encountering.
Please list any special requirements or environmental considera	tions not covered above:
Please Print Below:	
Date	
Name	Title
Company	Phone
Street	Fax
City	State Zin

Country