

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

APPLICATION INFORMATION:

Program: _____
System: _____

TECHNICAL REQUIREMENTS:

System Pressure:			Qualification Requirements:
max:		MPa/PSIG	No. of bottoming cycles:
min:		MPa/PSIG	Impulse Fatigue:
Relief Pressure:		MPa/PSIG	Other:
Proof Pressure:		MPa/PSIG	
Burst Pressure:		MPa/PSIG	
Fluid:			Dimensions & Weight:
Operating fluid temp:			max. OD:
max:		°C/°F	mm/inch
min:		°C/°F	max. length:
			mm/inch
Non-operating fluid temp:			max. weight:
max:		°C/°F	kg/lb
min:		°C/°F	Mechanical Interfaces:
Performance (option 1):			Hydraulic Interfaces:
min. pressure needed @ min op temp		MPa/PSIG	
volume needed @ max op pressure & min temp		cc/cu.in	Other Features:
Performance (option 2):			Pressure Read Out:
Gas Volume:		cc/cu.in	Condition Monitoring:
Charge Pressure:		MPa/PSIG	Other:
Performance (option 3):			MISC. REQUIREMENTS:
Other or additional:			Fragmentation Test:
			Other:

QUANTITY:

Prototype & Development: _____
Per Year: _____
Total Program: _____