Metallic Seal Application Data Sheet

Please make copies and keep this original for future applications.

Customer: _____

Contact : _____ **Title:** _____

Company: _____ **Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____ **E-Mail:** _____

Conditions:

Application/Equipment: _____

Existing Seal: _____ **Customer Part No.** _____

Clamping Load Available: _____ **Surface Finish:** _____

☐ **Internal Pressure** ☐ **Static**

☐ **External Pressure** ☐ **Cyclic** (please fill in table below) _____

Required Seal Life: _____ **Frequency:** _____

Amplitude: _____

Fluid Medium: _____ **Cavity Materials:** _____

Maximum Allowable Leakage: _____

Additional Information: _____

Cavity Dimensions (state all units)	At Assembly		Operating	
	Minimum	Maximum	Minimum	Maximum
I.D.				
O.D.				
Width				
Depth				
Max Operating Pressure				
Max Operating Temperature				
Test pressure factors	Proof:		Ultimate:	

Sketch:

Quantities: _____ **Annual Potential:** _____

☐ **Drawings required:** _____ ☐ **Sketch required:** _____

Sales Engineer: _____ **Date:** _____

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