

Application Design Request

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Product Name: _____

Application: _____

Present Seal: _____

No. Seals/Units: _____ No. Seals/Year: _____

Static Rod Seal Stroke Length: _____ Life Requirement: _____

Reciprocating Piston Seal Strokes Per Min.: _____ Friction Required: _____

Rotary Inside Face Seal RPM: _____ Duty Cycle: _____

Oscillating Outside Face Seal Oscillating Degree: _____

Media/Fluid: _____ Liquid Gaseous

Pressure: Operating: _____ Min.: _____ Max.: _____

Temperature: Operating: _____ Min.: _____ Max.: _____

Gland O.D.: _____ Material: _____ Hardness: _____ Finish: _____ Gland Width: _____

Gland I.D.: _____ Material: _____ Hardness: _____ Finish: _____ Extrusion Gap: _____

Can gland be modified? _____ Will seal be stretched? _____ Will seal pass by sharp edges? _____

Comments/Sketches:

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