

Customer: _____	Date: _____ Page: ____ of ____
Contact: _____	
Phone: _____ Fax: _____	QUOTE NO.: _____ ITEM NO. _____
email: _____	

GENERAL INFORMATION	Quantity: *	
	Line Size: *	
	Class (ANSI/API):*	
	Model:	
	End Connections: *	
	Material: Body*	
	Trim *	
	Spring	
	Seating	Metal <input type="checkbox"/> Soft <input type="checkbox"/>
	Gaskets/O-ring	
	Bolting	
Tag No: _____	Brass ___ Stainless ___ Other: _____	

FLUID DATA	Fluid State *	Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Steam <input type="checkbox"/>		
	Fluid: *			
	Specific Gravity: *			
	Design Conditions:	Pressure:	Temp.:	
	Operating Conditions:	Flow*	Pressure *	Temperature*
	Units: (i.e. GPM,PSI,°F, etc.)	_____	_____	° _____
	Normal *			
	Maximum			
Minimum				

INSTALLATION DATA	Orientation: *	Horizontal <input type="checkbox"/> Vert. flow: Up <input type="checkbox"/> Down <input type="checkbox"/>
	Service Application:	

SPECIAL REQUIREMENTS	Specification Nos.:			
	CE MARK	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Cert. of Compliance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	CMTRs:	Body <input type="checkbox"/>	Trim <input type="checkbox"/>	
	Drawings:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	NACE MR 0175/ISO 15156	Yes <input type="checkbox"/>	No <input type="checkbox"/>	% H ₂ S: _____
	NACE MR 0103-2003	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	NDE: (Specify)			
	Packaging:			
	Other:			

NOTES	
DELIVERY: _____ wks.	* Denotes Required