

Control Valves

Custom Product Specifications

Please complete form and forward it directly to your Regional Sales Manager or tech@clippard.com.

Any incomplete fields are assumed to be the standard specification based upon the Clippard Base Part Number.



Date _____

Submitted by _____

Company _____

Phone _____

Engineer _____

e-mail _____

Valve Function _____

(i.e. 2/2, 2/3, NO, NC, etc.)

Operation _____

(toggle, stem, air pilot, etc.)

Mounting Style _____

Size _____

Port Size _____

Seal Material _____

Media _____

Leakage Requirements _____

Pressure: Min. _____ **Max.** _____

Temperature Range _____

Operating _____ Differential _____

Is Anaerobic Sealant Permitted in Flow Path? Yes No

Flow _____ @ **Pressure** _____

Allowable Wetted Body Material _____

Lubricant _____

Finish (*ENP, etc.*) _____

Special Cleaning Requirements _____

Life Expectancy (*cycles*) _____

Target Price _____

Estimated Minimum Purchase Quantity _____

Estimated Annual Quantity _____

Application **New** **Existing**

Prototype Qty. _____ Prototype Due Date _____

Clippard Base Part Number _____

Description of Application

Additional Information

Anticipated Product Timeline, Due Dates, Completion Time

Are you currently working with a Clippard Salesperson or Distributor? Yes No If so, with whom? _____

Clippard

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