

Electronic 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, _____ **Operation** _____
(i.e. 2/2, 3/2, NO, NC, etc.) (direct-acting, air assist, proportional, etc.)

Mounting Style _____ **Size Limitations** _____

Pressure: Min. _____ **Max.** _____ **Media** _____ **Response Time** _____

Operating _____ **Differential** _____ **Life Expectancy (cycles)** _____

Flow _____ **@ Pressure** _____ **Temperature Range** _____

Leakage Requirements _____ **Allowable Wetted Body Material** _____

Lubricant _____ **Is Anaerobic Sealant Permitted in Flow Path?** Yes No

Seal Material _____ **Current (amps)** _____

Voltage (VDC/VAC) _____ **Power (watts)** _____ **Duty Cycle (time on/time off)** _____

Connection (DIN, Pins, Wires, etc.) _____ **Special Connector Required?*** Yes No

Special Cleaning Requirements _____ **Special Testing Requirements** _____

Target Price _____ **Estimated Minimum Purchase Quantity** _____

Estimated Annual Quantity _____ **Application** **New** **Existing**

Prototype Qty. _____ **Prototype Due Date** _____ **Clippard Base Part Number** _____

Documentation Required (if yes, please include specific documentation so this can be factored into proposals and quotes)

Change Control Agreement Yes No PPAP Yes No FAI Yes No

Other Requirements (please specify) _____

Description of Application

Anticipated Product Timeline, Due Dates, Completion Time

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

* If yes, please include all connector information in the **Additional Information** section



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Additional Information

Clippard

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