

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

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? _____

Clippard

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Additional Information

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