

# SCPV Proportional Valves

## Custom Product Specifications



Please complete form and forward it directly to your Regional Sales Manager or [tech@clippard.com](mailto:tech@clippard.com).

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

**Date** \_\_\_\_\_

**Submitted by** \_\_\_\_\_

**Company** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Engineer** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**Valve Standard Base Part Number** \_\_\_\_\_

### Mounting Style

In-Line      Manifold      Cartridge      Custom

**Ports (if In-line)**      1/8" NPT      G1/8

### Flow & Pressure

Working Pressure: Min. \_\_\_\_\_ Max \_\_\_\_\_

Media \_\_\_\_\_ Max Flow \_\_\_\_\_ @ \_\_\_\_\_ psi

Temperature Range \_\_\_\_\_

### Valve Specifications

Allowable Wetted Body Material \_\_\_\_\_

Lubricant \_\_\_\_\_ Seal(s) \_\_\_\_\_

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

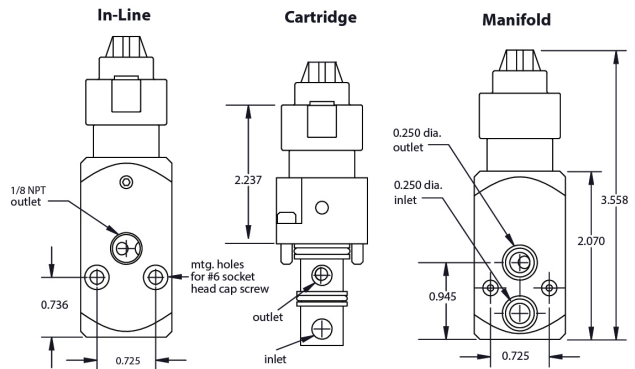
Change Control Agreement      Yes      No      PPAP      Yes      No      FAI      Yes      No

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? \_\_\_\_\_



### Commercial

Target Price \_\_\_\_\_ Est. Min. Qty \_\_\_\_\_

Est. Annual Qty. \_\_\_\_\_ Prototype Qty. \_\_\_\_\_

Prototype Due Date \_\_\_\_\_

**Clippard**

877-245-6247 | [clippard.com](http://clippard.com)

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**Additional Information**

***Clippard***

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