

APPLICATION REQUEST FORM

The following information will assist our technical staff in recommending a coating or coating system to meet specific requirements.

Please complete this form and return to: **Coating Technology, Inc.**
26B N. Bacton Hill Road
Malvern, PA 19355
Phone: 610. 296.7722, Fax: 610.296.5860

Date: _____

Company Information

Name: _____ Title: _____ Dept.: _____
Company: _____ Division: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Mail Stop: _____

Description of Item to be Coated

Name: _____ Part #: _____
Alloy: _____ Approx. Size of Part: _____
Description: _____

of Units to be Coated: _____ Test & Evaluation: _____ Production: _____

NOTE: A more accurate coating recommendation can be made if a sketch or drawing is provided with the part(s).

Coating & Curing Information

Present Coating Used: _____
Problem with Present Coating: _____

Functions of Coating: _____

Max. Curing Temp. & Duration Allowed: _____?F (_____?C) _____
Coating Thickness Requirement: _____ +/- _____ mils (_____ +/- _____ micrometers)
Color & Gloss: _____

Qualification Test Requirements

Coating Thickness Range: _____ +/- _____ mils (_____ +/- _____ micrometers)
Surface Profile Requirements (R/A) _____ microinches (_____ micrometers) Cut off: _____
Temperature Exposure _____?F (_____?C) to _____?F (_____ C?)
Chemical Exposure: _____

Other (Salt Spray, Thermal Cycling, etc.): _____

Recommendation: _____
Disposition: _____
By: _____