

DATE: _____

WELDING EVALUATION REQUEST FORM

- ☐ PARTS FOR: RUNOFF (COMPLETE SECTION 1 ONLY)
- ☐ SAMPLES TO BE WELDED TO SPEC / QUOTE EQUIPMENT
- ☐ WELD SAMPLES PER PO _____

SECTION 1. CUSTOMER INFORMATION

Contact name: _____

Title: _____

Company: _____

Address: _____

Office phone: _____

Mobile phone: _____

eMail: _____

OPPORTUNITY NAME

End product made: _____

Dist. / Rep. _____

Regional Manager: _____

Return samples to: ☐ Rep. ☐ Cust. ☐ R.M.

Confidentiality agreement required? ☐ YES ☐ NO
☐ On Record ☐ N / A

SECTION 2. PROJECTION INFORMATION

New application? ☐ YES ☐ NO

Existing equipment (describe): _____

New equipment required: ☐ YES ☐ NO

Proposed new equipment: _____

Production rate: _____ parts / hr. _____

No. of units required? _____

Is the project budgeted? ☐ YES ☐ NO

Budget per system: \$ _____

How soon is the equipment needed?

☐ Low: 3 or more months, sample turnaround 15 days

☐ Medium: 1-3 months, sample turnaround 10 days

☐ Urgent: 1 month or less, sample turnaround 5 days

Available facility power: _____

Voltage: _____ Phases: ☐ 1 ☐ 3

Industry: _____

SECTION 3. APPLICATION INFORMATION

To list additional parts, please use the Additional notes field below.

Weldments:	Part 1:	Part 2:	Part 3:
Material:			
Size:			
Shape:			
Plating:			
Insulation:			

Additional notes:

SECTION 4. SOLUTION CRITERIA

Mechanical strength,
visual appearance, etc.

Assembly sketch:

Attach additional details and notes.

RETURN ATT.: LAB SAMPLES