



Application Data Form

For Solenoid Valve Applications

Company _____ Date _____

Name _____ Telephone _____

Title _____ Fax _____

Address _____

City _____ State _____ Zip _____ Country _____

Product Manufactured at This Site _____

DESCRIPTION

New Application Replacement

Reason for Replacement: _____

Estimated Annual Quantity: _____ Prototype Quantity: _____

Prototype Required By: _____ Estimated Production Start Date: _____

General Description of Application: _____

Type of Valve: 2-Way 3-Way

Normally Closed Normally Open Diverter Selector Other _____

Port Size and Type _____

Compatible Materials in Contact with Fluid: Elastomers: _____

Plastics: _____ Metals: _____

Orifice Equivalent _____ Inches Flow Coefficient (C_v) _____

Operating Fluid _____

Maximum Inlet Pressure _____ PSIG

Maximum Operating Pressure Differential _____ PSIG Maximum Backpressure _____ PSI

Maximum Flow: GPM _____ SCFM _____ LB/HR _____ Other _____

Fluid Temperature _____ °F Ambient Temperature _____ °F

Particle Suspension: Yes No Maximum Particle Size _____ Viscosity _____

Vibration _____ Desired Operating Life _____ Cycles

Voltage: 12 VDC 24 VDC

Nominal Voltage Supply _____ Maximum _____ Minimum _____ Watts _____

Operating Rate _____ Cycles/Min. Maximum No. of Consecutive Cycles _____

Service: Continuous Duty Intermittent Duty

Max. "On" Time _____ Seconds _____ Minutes Min. "Off" Time _____ Seconds _____ Minutes

Electrical Termination _____

Use Reverse Side for Sketches & Special Notes

SKETCH OF APPLICATION

Show Location of Valves or Pumps in System and Relative Pressures and Flows

SPECIAL REQUIREMENTS

Mounting Orientation, Cleaning, Packing, Etc.

INSTRUCTIONS TO VALCOR SCIENTIFIC

Do Not Complete

QUOTE NUMBER _____ ORDER NUMBER _____



Valcor Scientific

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