

# SCPV Proportional 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 Standard Base Part Number.

**Date** \_\_\_\_\_  
**Company** \_\_\_\_\_  
**Engineer** \_\_\_\_\_  
**Valve Standard Base Part Number** \_\_\_\_\_

**Submitted by** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**e-mail** \_\_\_\_\_

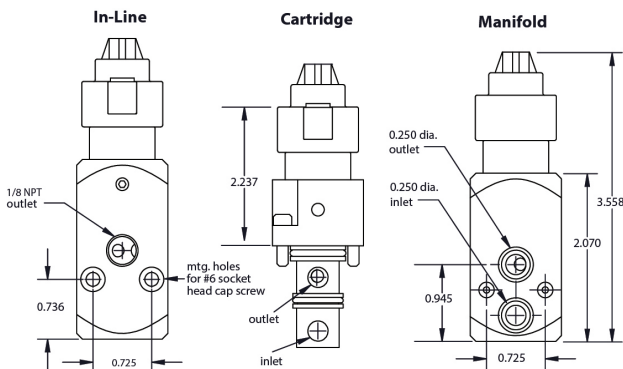
### Mounting Style

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 \_\_\_\_\_



### Commercial

Target Price \_\_\_\_\_ Est. Min. Qty \_\_\_\_\_  
 Est. Annual Qty. \_\_\_\_\_ Prototype Qty. \_\_\_\_\_  
 Prototype Due Date \_\_\_\_\_

### 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

Additional Information

Anticipated Product Timeline, Due Dates, Completion Time

Are you currently working with a Clippard Salesperson or Distributor?    Yes    No    If so, with whom? \_\_\_\_\_



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