

Mikron Valve and Manufacturer Inc. Inquiry Request Form:

Contact Information:

Company Name: _____
Contact Name: _____
Position / responsibility: _____
Reference number: _____
Phone: _____
Fax: _____
Email: _____

Technical Contact if available name and contact information _____

Application Specifics

Media: Water _____ Oil _____ Gas _____ Steam _____ Chemical _____

If chemical what specific Chemical _____

Pressure: _____

Temperature: _____

Any Specific Concerns and or other details

Special Instructions:

Asking the right questions about the customers valve request

Valve Information:

Size: _____ Pressure Class: _____ Quantity: _____

End Connection: Check which applies note any comments to the right

- _____ RFF = Raised Face Flanged _____
- _____ SW = Socket Weld _____
- _____ BW = Butt Weld _____
- _____ RTJ = Ring Joint _____
- _____ NPT _____
- _____ Sanitary _____

Construction Preference: Check which applies note any comments to the right

- _____ Two Piece Body _____
- _____ Three Piece Body _____
- _____ Other _____

Body Material: check one provided specifics if required i.e. 316 stainless

- Carbon Steel _____
- Stainless _____
- Other _____

Seat Material:

- Metal Seat – Hard _____
- Other Seat – Soft _____

- Special considerations if any note here

Ball: Check all that apply

316 Stainless

- Electroless Nickel “EN” Plated
- Hard Chrome Plated “HCP”
- Other Please Specify _____

Stem Packing: If other please specify

- Graphite _____
- Other _____

Body Seals:

- Graphite _____
- Other _____

Shutoff:

- Class IV Standard
- Class V
- Class VI Available

Use this area for notes and or hand drawings etc.....