

Specialty Component Sales Inc.

Closure Application Data Sheet Inquiry

Requested by _____ Date _____
Company _____ City, State/Prov. _____
Phone _____ Fax _____
E Mail _____ Quote Ref. _____

Required information	Application No. 1	Application No. 2
Closure size (OD or ID – <i>*Required</i>)	_____	_____
Matching Wall Thickness at Bevel and Matching Material Grade	_____	_____
Design Pressure	_____	_____
Design Temperature (Min and Max)	_____	_____
Corrosion Allowance	_____	_____
Horizontal or Vertical	_____	_____
Design Code	_____	_____
Material of Construction	_____	_____
Seal Material	_____	_____
Vessel Media/Service	_____	_____
ASME 'U' Stamp/U2-A report	_____	_____
Quantity – <i>*Required</i>	_____	_____
Optional NDE Information (UT or MPI)	_____	_____
Reduced Access Bore (Yes or No)	_____	_____
Hinge Requirements (Left or Right for Horizontal Applications)	_____	_____
Tag Information for Drawings	_____	_____
Mechanical Additions	_____	_____
Chemistry Restrictions	_____	_____
Inspection/Certifying Authority	_____	_____
Drawing/Calculations (Yes or No)	_____	_____

Submit Information To:

Specialty Component Sales Inc.

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Email: info@scsisales.net