

## SEAL EXPERT ASSISTANCE REQUEST FORM

**Attn: Applications Assistance**  
**Need By:**

**Name:**

**Date:**

### Customer Information

**Customer:**

**Country:**

**Address:**

**City:**

**State or Province:**

**Zip / Postal:**

**Phone:**

**Fax:**

**e-mail:**

### Project Information

**Project Name:**

**Implementation Date:**

**Check One: New Design**

**Replace Existing Design**

**Check One: Prototype**

**Validation Testing**

**Production**

**Prototype / Testing Quantity:**

**Production Quantity:**

### Size, Material & Application Information

**Size & compound number (If known):**

**Application Fluids/Gas (include air)**

**%**

**Temp: Min / Max**

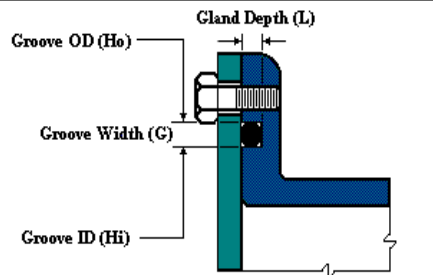
**Pressure: Min / Max**

**Cleaning Fluid(s)**

**%**

**Material Spec:**

**Check One: Static Rotary Reciprocating**

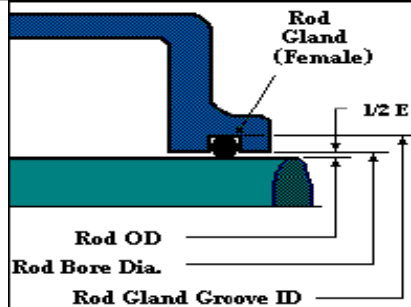


#### Gland Dimensions

Groove ID (Hi):  
 Groove OD (Ho):  
 Gland Depth (L):  
 Groove Width (G):  
 Plate clearance:

#### Additional Variables

Stroke Length:  
 Stroke Speed:  
 RPM:  
 Expected Seal Life:  
 Gland Materials:  
 Surface Finishes:



#### Gland Dimensions

Groove Ø:  
 Rod OD:  
 Rod Bore Ø:  
 Cylinder Bore Ø:  
 Piston OD:  
 Groove Width (G):  
 Diametral clearance:

Which of the following can be changed or altered?

Seal Material  
 Gland Dimensions  
 Seal Dimensions

**Submit via one of the following:**  
 Fax: (510) 836-2675  
 email: [info@darcooid.com](mailto:info@darcooid.com)

**Questions?**  
 Please call (510) 836-2449

