

# Dispense Project Requirements

Please take a moment and fill out the form below. The information gathered on this form will help our Application Engineering team identify the most appropriate dispensing solution for your application. When completed, please return this form to our Application Engineering group at [applicationengineering@dymax.com](mailto:applicationengineering@dymax.com) or fax to 860.496.0608.

Contact Information		
Date:		
Name:	Company:	
Street Address:		
City:	State:	Zip Code:
Phone:	E-Mail:	
Sales Partner:		

Application Information	
1. What material are you dispensing? (adhesive, lubricant, cyanoacrylate, urethane, etc.)	
2. Who manufactures this material?	Name:
	Part #:
3. How many components make up the material?	<input type="checkbox"/> One <input type="checkbox"/> Two    Other (specify):
4. What is the package size/style you are working with? (10 mL syr, 1000 mL bottle, 5 gallon pail, etc.)	
5. What is the viscosity of the material?	cP
6. Is the material thixotropic or Newtonian?	<input type="checkbox"/> Thixotropic <input type="checkbox"/> Newtonian
7. Does the material contain solvents? If yes, which ones?	
8. Does the material contain pigment, fillers, or other suspended solids which might settle out if not agitated in a holding vessel?	If yes, please explain:
9. What is the minimal distance possible from the material supply to the dispense station?	
10. What is the curing mechanism?	<input type="checkbox"/> Light <input type="checkbox"/> Moisture <input type="checkbox"/> Heat <input type="checkbox"/> Air
11. What is the desired shot size?	
12. What shot-to-shot accuracy do you require?	±    % of volume dispensed
13. What is the required valve cycle rate (shots per minute)?	
14. How many dispense stations do you need?	

15. What is the type of dispense needed?	<input type="checkbox"/> Bead <input type="checkbox"/> Potting <input type="checkbox"/> Shot <input type="checkbox"/> Spray <input type="checkbox"/> Encapsulation <input type="checkbox"/> Other, specify:
16. How will the dispensing be done?	<input type="checkbox"/> Operator Applied <input type="checkbox"/> Semi-Automated <input type="checkbox"/> Fully Automated      Specify:
17. Are you currently using a dispense system? If yes, what would you like to improve?	
18. Please list any special requirements of your application:	
19. Describe your part geometry:	Gap sizes:
	Channel to hold adhesive or flat surface?
	Size of parts and area to be coated or dispensed onto:



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Please note that most dispensing and curing system applications are unique. Dymax does not warrant the fitness of the product for the intended application. Any warranty applicable to the product, its application and use is strictly limited to that contained in Dymax's standard Conditions of Sale. Dymax recommends that any intended application be evaluated and tested by the user to insure that desired performance criteria are satisfied. Dymax is willing to assist users in their performance testing and evaluation by offering equipment trial rental and leasing programs to assist in such testing and evaluations. Data sheets are available for valve controllers or pressure pots upon request. QUEST004 06/12/2012

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