



COATING QUESTIONNAIRE – NEW APPLICATIONS

Company Name: _____

Contact Person: _____

Title: _____

Address: _____

Telephone: (____) ____ - ____ Fax: (____) ____ - ____

1.) What, exactly, do you expect the coating to do? _____

2.) Please describe your application:
Name/Description of part: _____
Function: _____
End Use: _____
Material part is made of: _____
OEM/Maint Tooling: _____
Total area to be coated: _____
Estimated Quantity: _____

3.) Please rate the importance of the following properties of coating your application:
1= Very Important 2= Somewhat Important 3= Unimportant
____ Non-stick/release ____ Low friction/dry lubricant
____ Abrasive resistance ____ Chemical resistance
____ Electrical insulation ____ Heat resistance
____ Other (please specify): _____

4.) Please describe the service conditions that the coating must withstand:
____ Temperature: ____ Normal ____ Maximum
____ Chemicals (specify): _____
____ Load PSI _____
____ Abrasives _____
____ Outdoor exposure _____

5.) Has the part previously been coated? _____
If so, please explain the type of coating tried and the result:

6.) Do you have a sample you wish to have coated? _____
Please advise: _____

7.) Other comments: _____

