



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: _____