

Company: _____	Phone: _____	Date Quote Needed by:
Contact Name: _____	Fax: _____	
Quote Reference: _____	E-mail: _____	

GAUGE REQUEST FOR QUOTE **Quantity:**

Application / Medium: _____	Current Brand / Part / Model: _____	Temperatures: Process Temp.: _____ Ambient Temp.: _____
Working Pressures: Static: _____ Dynamic: From _____ To _____	Measuring System: Bourdon Tube <input type="checkbox"/> Capsule <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Size: 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> 2.5" <input type="checkbox"/> 4" <input type="checkbox"/> 4.5" <input type="checkbox"/> 6" <input type="checkbox"/> other <input type="checkbox"/> _____
Range: Pressure _____ Scale _____	Connection: Bottom <input type="checkbox"/> Lower Back <input type="checkbox"/> Center Back <input type="checkbox"/> Top <input type="checkbox"/> Side - <input type="checkbox"/> L or <input type="checkbox"/> R <input type="checkbox"/> Other _____	Connecting Thread: NPT <input type="checkbox"/> BSPT <input type="checkbox"/> BSPP <input type="checkbox"/> 7/16" SAE <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> <input type="checkbox"/> Other _____
Mounting: Direct <input type="checkbox"/> Rear Flange Mounting <input type="checkbox"/> Panel Mount Front Flange <input type="checkbox"/> U-Clamp Panel Mount <input type="checkbox"/> Other <input type="checkbox"/> Panel Hole Size ID: _____	Case Material / Housing: Fiberglass <input type="checkbox"/> Sheet Steel, Black <input type="checkbox"/> Stainless Steel 304 <input type="checkbox"/> Stainless Steel 316 <input type="checkbox"/> SF/BOB Safety Case <input type="checkbox"/> Housing with pressure relief device, Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Other _____	Lens: Plastic <input type="checkbox"/> Instrument Glass <input type="checkbox"/> Laminated Safety Glass <input type="checkbox"/> Must be resistant to solvent, Yes <input type="checkbox"/> No <input type="checkbox"/> Must be resistant to: _____ <input type="checkbox"/> Other _____
Liquid Filling, if any: Dry <input type="checkbox"/> Glycerine <input type="checkbox"/> Silicone <input type="checkbox"/> Fluorolube <input type="checkbox"/> <input type="checkbox"/> Other _____	Wetted Parts / Internals: Brass <input type="checkbox"/> 316 Stainless Steel <input type="checkbox"/> Monel <input type="checkbox"/> <input type="checkbox"/> Other _____	Measuring System Helium-Tested: Yes qpv=10 ⁻⁶ <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Other _____
Dial: Single Scale <input type="checkbox"/> Dual Scale <input type="checkbox"/> <input type="checkbox"/> Special Scale _____ Custom Logo: Yes <input type="checkbox"/> No <input type="checkbox"/> Color: _____	Accuracy (AMSE B40.1): Grade B 3-2-3% <input type="checkbox"/> Grade A 2-1-2% <input type="checkbox"/> Grade 1A 1% FS <input type="checkbox"/> Grade 2A 0.5% FS <input type="checkbox"/> Grade 3A 0.25% FS <input type="checkbox"/> <input type="checkbox"/> Other _____	Electrical Contacts: No <input type="checkbox"/> Snap Action Contact (Magnet) <input type="checkbox"/> Inductive Contact <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quadruple <input type="checkbox"/> Switching Function: _____ <input type="checkbox"/> Other _____

Delivery Date Needed: _____ **Additional Requirements:** _____

Stewarts USA Gauge Information:

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Quantity _____ Part No. / Description _____

Unit List Price _____

Note: _____

DIAPHRAGM SEAL REQUEST FOR QUOTE **Quantity:**

Current Brand/Model/Part being Used: _____

Upper Housing Material: _____ Upper Housing Instrument Connection Size: _____

Diaphragm Material:
316SS 304 SS Tantalum CARP 20 Teflon Viton Monel HAST C HAST B Nickel Titanium
Other: _____

Lower Housing Material:
Steel 304SS 316 SS HAST B HAST C CARP 20 Monel Nickel PVC Teflon Brass Titanium Polypropylene
Other _____ Lower Housing Process Connection: _____

Lower Housing, if flange connection: Pipe Size _____ Flange Pressure Class: _____ Optional Flushing Connection: _____

Liquid Filling of Seal and Instrument: Glycerin Silicone Fluorolube Halocarbon Other: _____

Capillary Line Option: Type Plain Armored Length: _____ Connection Size(s): _____

Delivery Date Needed: _____ Additional Requirements: _____

Diaphragm Seal Information:

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Quantity _____ Model / Description _____

Unit List Price _____

Note: _____