



Free Sample Evaluation Form

Please complete the following information. You will be contacted upon our receipt to verify your requirements and to arrange shipment and processing of your sample parts.

Name: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Sample Type:

- Evaluation-Metal Finishing
- Evaluation-TCP-HF
- Processing Specification Data- Fee
- Recipe Development Requested (MPCS)
- Strategy Development Requested (JobPro)

Anodizing Type: Type II (sulfuric) Type III (hardcoat)

Alloy Designation: _____ **Alloy Temper:** _____

Required Oxide Thickness: _____ (mils) _____ (microns)

Part Name: _____ **Part Number:** _____

Type of Part and Use:

Current Process or Specification Used: (if any)

Comments/Additional Information/Return Shipment Address: (if different)

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Pretreatment Processing:

- Etch
 Bright Dip

Post-Treatment Processing:

- Dye/Color* (specify) _____
Note: Subject to in-house dye availability
 Seal* (specify) _____

***MIL-Spec Requirements:**

- Type II (Sulfuric): Class 1 (sealed) Class 2 (dyed/sealed)
 Type III (hardcoat): Class 1 (unsealed) Class 2 (dyed/sealed)

Primary Finish Requirements: (Check all that apply - Leave blank if not required or if not known)

Rank Parameter	Current Result (Optional)	Desired Result
<input type="checkbox"/> Oxide Uniformity	% Variation (±)	% Variation (±)
<input type="checkbox"/> Run Time	minutes	minutes
<input type="checkbox"/> Vickers Hardness	HV	HV
<input type="checkbox"/> Taber Abrasion Wt. Loss	mg/1,000 rev	mg/1,000 rev
<input type="checkbox"/> Coefficient of Friction		
<input type="checkbox"/> Surface Roughness	microinches (RMS)	microinches (RMS)
<input type="checkbox"/> Thermal Conductivity		
<input type="checkbox"/> Corrosion Resistance	hours/salt spray	hours/salt spray
<input type="checkbox"/> DC Electrical Conductivity	ohms	ohms
<input type="checkbox"/> AC Electrical Conductivity	ohms	ohms
<input type="checkbox"/> High Dielectric Strength	volts	volts
<input type="checkbox"/> I.D. Critical	dimension	dimension
<input type="checkbox"/> O.D. Critical	dimension	dimension

Masking, racking and other handling requirements:

Additional comments/requirements: (Attach drawings if required)