

GORE™ Protective Vents Acoustic Protection Application Information

Superior Seals,
Exceptional Service



Date: _____

All customer supplied information is held strictly confidential.

Contact Info	Company _____	Division of _____
	Contact _____	Position _____
	Address _____	Phone _____
	City _____	Fax _____
	State _____	Email _____
	Zip _____	Other _____
	How did you hear of Gore vents?	
Project Name/Code _____	Final Product Sell Price _____	
Description of product and its application:		
What do you expect the acoustic cover to do?		
What kind of device? (microphone, recorder, speaker.)		
Is there a submersion requirement?		
Is there a venting requirement?		
Application Info	What size are you looking for?	
	What decibel loss can be tolerated?	
	At what frequency?	
	Voice or beeper/buzzer?	
	What fluids could the device be in contact with regularly? (rain, soap/detergents, oils, etc.)	
	Will the device be subjected to high pressure spray?	
	Preferred Mounting	<input type="checkbox"/> Adhesive Vent Internal <input type="checkbox"/> Adhesive Vent External
	Dimensional Constraints	OD _____ ID _____ Thickness _____
	What is the size of the area to be protected?	Millimeters (mm):_ _____ Inches (in): _ _____
	Enclosure Material	Plastic: <input type="checkbox"/> PC <input type="checkbox"/> PP <input type="checkbox"/> PET <input type="checkbox"/> PA <input type="checkbox"/> Stainless <input type="checkbox"/> Aluminum <input type="checkbox"/> Glass <input type="checkbox"/> Painted <input type="checkbox"/> Powder Coated <input type="checkbox"/> Other _____
	Production Requirements:	Annual Quantity _____ Number of Releases _____

Environment	Ambient Conditions	<input type="checkbox"/> Rain <input type="checkbox"/> Wind Driven Rain <input type="checkbox"/> Splash <input type="checkbox"/> Submersion <input type="checkbox"/> Dust/Dirt/Mud <input type="checkbox"/> Caustics <input type="checkbox"/> UV exposure Contact Fluids: _____
	Required Product Rating	NEMA 1 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> // IP 54 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 69K <input type="checkbox"/> MIL Spec _____
	Temperature	Normal Min _____ Normal Max _____ Cycle time: _____ Extreme Min _____ Extreme Max _____
	How will the vent be tested?	
	How will the final product be tested?	

Return via email to seals@sealingdevices.com or fax at 716-684-0760