

# GORE™ Protective Vent Application

Superior Seals,  
Exceptional Service



Date:

To get the most timely and accurate quote possible, \* fields are required information.  
All customer supplied information is held strictly confidential.

<b>Contact Info</b>	*Company _____	Division of _____
	*Contact _____	Position _____
	*Address _____	*Phone _____
	*City _____	*Fax _____
	*State _____	*Email _____
	*Zip _____	Other _____
<b>How did you hear of Gore vents?</b>		

Project Name/Code		Final Product Sell Price			
*Description of product and its application:					
*Why do you need a vent, and what do you expect it to do?					
Current Solution					
Pressure Equalization		Battery Venting		Sensor Protection	
*Enclosure Size		Enclosure Size		Gases to detect	
*% Free Space		% Free Space		Gases to exclude	
*Min Temp		Cell Type		Max Diffusion time	
*Max Temp		Gas of Concern		Flow Requirements	
Temp Cycle Time		Outgassing rate (worst case)		Sensor mode (diffusion/flow)	
Max Allowable Pressure diff		Maximum gas concentration level			
		Maximum time to equilibrate			
<input type="checkbox"/> Aerospace Application <input type="checkbox"/> Air transport (Involving altitude change)		Minimum Altitude _____ Maximum Altitude _____ Altitude Cycle Time _____	Info _____		
Preferred Mounting		<input type="checkbox"/> Adhesive Vent Internal <input type="checkbox"/> Adhesive Vent External <input type="checkbox"/> Screw-in <input type="checkbox"/> Snap-Fit <input type="checkbox"/> Please provide a recommendation My Wall thickness is: _____			
Dimension Constraints		_____ OD _____ ID _____ Thickness _____			
*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 _____			

<b>Environment</b>	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 <input type="checkbox"/> My application can be exposed to low surface tension fluids like: oils, soap/detergent wash down, & alcohols (requiring an oleophobic vent) Special 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 ____ Extreme Min ____ Extreme Max
	How will the vent be tested?	
	How will the final product be tested?	

Additional Info:

Return via email at [seals@sealingdevices.com](mailto:seals@sealingdevices.com) or fax at (716) 684-0760