



# Martin Fluid Power

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## PROTOTYPE APPLICATION

Date Submitted: \_\_\_\_\_ Date Required: \_\_\_\_\_ Prepared By: \_\_\_\_\_

### CUSTOMER INFORMATION

Distributor (Channel): \_\_\_\_\_

End User: \_\_\_\_\_

Inquiry Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICATION

Equipment: \_\_\_\_\_

Component: \_\_\_\_\_

Current Seal: \_\_\_\_\_

Opportunity for improvement: \_\_\_\_\_

Expected Life: \_\_\_\_\_

Max. Leakage: \_\_\_\_\_

Max. Allowable Friction/Torque: \_\_\_\_\_

#### FILLED OUT BY MFP

PROTOTYPE  
TESTED BY:

- Martin Fluid Power
- Martin Distributor
- End User

Price: Current: \_\_\_\_\_ Target: \_\_\_\_\_

Quantity for Quoting:  Initial: \_\_\_\_\_  Annually: \_\_\_\_\_

Sample Request: Qty: \_\_\_\_\_ Date Needed: \_\_\_\_\_

### MOVEMENT

<input type="checkbox"/> Dynamic Surface	<input type="checkbox"/> OD	<input type="checkbox"/> ID	<input type="checkbox"/> FACE		
<input type="checkbox"/> Linear	OPERATING		MINIMUM	MAXIMUM	UNITS
Stroke Length	_____	_____	_____	<input type="checkbox"/> INCH	<input type="checkbox"/> MM
Cycle Rate	_____	_____	_____	<input type="checkbox"/> /MIN	<input type="checkbox"/> /HR
<input type="checkbox"/> Rotary					
RPM	_____	_____	_____	<input type="checkbox"/> m/s	
Direction of Rotation	<input type="checkbox"/> CW	<input type="checkbox"/> CCW	<input type="checkbox"/> Bidirectional		
<input type="checkbox"/> Oscillatory					
Cycle Rate	_____	_____	_____	<input type="checkbox"/> /MIN.	<input type="checkbox"/> /HR.
Motion	_____	_____	_____	<input type="checkbox"/> DEG.	<input type="checkbox"/> RAD.
<input type="checkbox"/> Other (Static)	<input type="checkbox"/> Vibration	<input type="checkbox"/> Pressure Effect	_____		

Pressure \_\_\_\_\_  PSI  BAR  MPA

Temperature \_\_\_\_\_  °F  °K  °C

Vacuum \_\_\_\_\_  IN. HG.  TORR

#### DUTY CYCLE

- Continuous
- Intermittent
- Infrequent
- Other \_\_\_\_\_

#### PRESSURE

- Unidirectional
- Bidirectional
- Pulsating
- Spike \_\_\_\_\_

#### MEDIA SEALED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

