



## RAYOTEK CUSTOMER SPEC FORM

In order to provide you an accurate quote as soon as possible, please complete this form to the best of your ability. Our Technical Support Team is happy to assist you with all of your questions. Call: (1) 858-558-3671 for assistance.

Date: _____	
Company Name: _____	Contact Name: _____
Phone: _____	Phone (Alternate): _____
Fax: _____	Email: _____
Website: _____	Address: _____

### **PLEASE LET US KNOW WHAT YOU ARE LOOKING FOR:**

Housing Type (Threaded, Flanged, Custom): _____	Quantity: _____
Housing Size (Nominal designation if possible): _____	
Clear Aperture Size Required: _____	
Window Material (*): _____	
*For window materials comparison see "Choosing the Right Material" at <a href="https://rayoteksightwindows.com/technical/technical-info.html">https://rayoteksightwindows.com/technical/technical-info.html</a>	
Clarity Required (i.e.: visual quality, inspection, low resolution, imaging): _____	
Wavelength Transmission Required (please provide wavelength required): _____	

Primary Industry: _____	Customer Type: _____	Application/Use: _____
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### **SIGHT GLASS APPLICATION:**

Design Pressure Required: _____	Primary Units _____	Secondary Units _____
Test Pressure Required (RSW minimum 1.25x design): _____		
Temp. Range: _____	MAX Temp. _____	MIN Temp. _____
*Note: Maximum Temperature is measured at sight glass location, NOT temp within the chamber.		
Internal or External Pressure or BOTH (vacuum in a chamber is considered external pressure): _____		
Chemical Phase (Mark all that apply): GAS    Liquid    Solid    Plasma		
Chemicals Exposed to Glass (list all potential): _____		

### **ADDITIONAL INFORMATION (ATTACHMENTS):**

Photo or video of intended installation:

Technical Drawing/Sketch/CAD Drawing:

Technical Documentation and/or specs:

Additional Notes and/or Testing Requirements:

Please save this file and send with all supporting drawings and documents to [sales@rayotek.com](mailto:sales@rayotek.com).