

3

APPLICATION EVALUATION REQUEST LASER WELDING

Please send samples attn: Applications Lab

For internal use only	Application Number		Date Received	
Salesforce Opportunity				
	End Product Made:		ndustry:	
	Sales Rep:		Regional	
Determ Oranales to	Day Out		Manager:	
Return Samples to:	Rep Cust			
Contact Informati	on			
Name:				
Title:				
Company:				
Address:				
Mobile phone:				
Office phone:				
Email:				
Material Informati	on			
Please be as descriptive	e as possible and send	d at least 10 parts for evalu	ation.	
# Part description or n		Material (e.g. Al3003 or SS30		ating
· ·		spec (e.g. heat treated, AWS,	•	J
1			·	
2				



AMADA WELD TECH INC. _____

Weld Information							
Please provide graphics of part and weld joint.							
#	Geometry of Weld	Part shape (e.g.	Part size at	Desired	Target Time for		
	(e.g. butt, lap, fillet)	flat, wire, cylinder)	weld	Penetration depth	weld (seconds)		
1							
2							
3							

Additional Welding information		
Please provide any pertinent information regarding the weld.		
Is there a defined strength of the weld (pull,		
torque, peel)?		
Does the weld need to be hermetic?		
Further Information -		



AMADA WELD TECH INC. _____

Project Information		
What is your current welding process?		
Why are you looking for a new welding laser?(Is current system too slow? not enough penetration?)		
Is this for a laser only or is a system desired?		
Is tooling needed?		
Timeline of project?		
What is the budget for this project?		