



AMADA WELD TECH INC.

APPLICATION EVALUATION REQUEST LASER MICROMACHINING

Please send samples attn: Applications Lab

For internal use only	Application Number		Date Received	
Salesforce Opportunity				
	End Product Made:		Industry:	
	Sales Rep:		Regional Manager:	
Return Samples to:	Rep <input type="checkbox"/> Cust <input type="checkbox"/>			

Contact Information	
Name:	
Title:	
Company:	
Address:	
Mobile phone:	
Office phone:	
Email:	

Material Information			
Please be as descriptive as possible and send at least 10 parts for evaluation.			
#	Part description (e.g., tube, sheet, etc)	Material (e.g. – PLA, Nitinol, Sapphire, etc)	Material size - thickness where it will be processed, OD/ID of tubes, etc.
1			
2			
3			



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Process Information				
Please provide artwork (DXF or other format).				
#	Micro machining process (e.g. drilling, cutting, ablation, etc.)	Feature dimensions	Dimension and positional tolerances	Target Process time(seconds)
1				
2				
3				

Additional Process Information	
Please provide any pertinent information regarding the process.	
What is the part function?	
What is the key result you would like to see? (edge quality, speed, etc)	
Further information: (edge quality, amount of taper allowed, any previous laser work done)	

Project Information	
What is your current micromachining process?	
Why are you looking for a new system? (Is your current system too slow? Not enough contrast? Other?)	
Are you looking to automate the process?	
Timeline of project?	
What is the budget for this project?	