

APPLICATION EVALUATION REQUESTPulsed Micro TIG Welding

Please send samples attn: Applications Lab

For internal use only		Application Number		Date Receive	d
	lesforce Opportunity				
		End Product:		Industry:	
		Sales Rep:		Regional Manager:	
Re	turn Samples to:	Rep 🗌 Cust 🗌			
C	ontact Informati	on			
	ame:	-			
Tit	le:				
Company:					
Ac	Idress:				
Mobile phone:					
Office phone:					
En	nail:				
	,				
	aterial Informati		d at least 10 parts for eval	luation.	
#	Part description or n		Material (e.g. Copper or SS		Plating/Insulation
	·		spec (e.g. heat treated, AW	-	Ü
1					
2					
3					
			1		



AMADA WELD TECH INC.

Weld Information								
Please provide graphics of part and weld joint.								
#	Geometry of Weld (e.g. butt, lap, fillet)	Part shape (e.g. flat, wire, cylinder)	Part size at weld	Target Time for 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)? How will the strength be tested?					
Does the weld need to be hermetic?					
What is your target number of welds per hour?					
Further information/assembly sketch:					

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