Windy City Seals -- Application Data Form for OmniSeal™

To complete form, fill in the fields and press "Submit" at bottom of page, or Fax to 815-895-9705

Name: Title:

Company: Date:

Address:

City: State: Zip:

Phone: Fax: E-mail:

Device/Application:

Fluid/Gas to be Sealed:

Seal Application: ☐ Static   ☐ Rotary/Oscillatory   ☐ Linear/Reciprocating

Seals is: ☐ Radial/Rod   ☐ Radial/Piston   ☐ Face/Internal Press.   ☐ Face/External Press.

Temperature: Maximum _____   Operating _____   Minimum _____   ☐ F   ☐ C

Pressure: Maximum _____   Operating _____   Minimum _____

Rotary/Oscillatory RPM: _____   Linear/Reciprocating Stroke Length: _____   Strokes/Min: ____

Allowable Leakage: _____   Life Requirement: _____

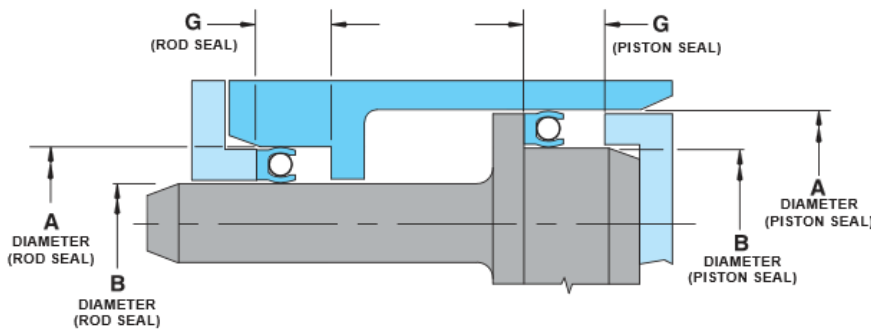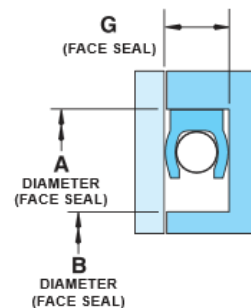|		**Hardware**	**Dynamic Surface**	**Static Surface**
A Diameter: _____	Tolerance: _____			
B Diameter: _____	Tolerance: _____	Material:	_____	_____
G Dimension: _____	Tolerance: _____	Hardness:	_____ HRC	_____ HRC
Can Gland be changed? ☐ Yes ☐ No		Finish:	_____Ra	_____ Ra

Radial Seal Grooves (Rod/Piston)

Face Seal Groove

☐ **SUBMIT**