

Please fax to: +49 (0) 3841 / 32 75 079 or send via email to: sales@tecmar.de

Contact Data

Company: _____ **Project:** _____
Name: _____ **Inquiry No.:** _____
Phone: _____ **Date:** _____
Fax: _____ **Email:** _____

Requested Design Data

Nominal diameter: DN _____ **Pressure rate:** _____

Total length: _____ [mm]

Flange standard: DIN ANSI JIS

Medium: name: _____ formula: _____
concentration: _____ temperature: _____ [°C]

State of aggregation: liquid gaseous vaporous

Operating pressure: _____ [bar] absolute atmosphere above atmospheric

Operating temperature: _____ [_____] unit

Movement: No movement (static) Small / slow movement
 Uniform movement Rhythmic continuous movement

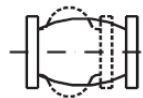
Movement rate: _____ [_____] unit

Vibration: Without vibration Few vibration
 Strong vibration

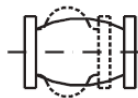
Flow conditions: Constant pressure Dynamic pressure
 Pressure shocks

Flow rate: _____ [m/s]

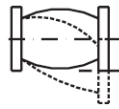
Movements to be absorbed:



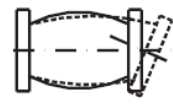
Elongation



Compression



Transverse Deflection



Angular Deflection

Axial compression: _____ [mm] **Axial elongation:** _____ [mm]

Transvers deflection: _____ [mm] **Angular deflection:** _____ [mm]

Type:



Type FTUEM



Type FAEM



Type FBEM



Stainless Steel

Quantity _____ pieces

Certificate / inspection: _____

Notes / supplies / specification / documentation / painting / others: