Fax to +1 614 438 2413

Diamond Innovations

Composite Diamond Coatings Application Form

This form provides Diamond Innovations with essential information on your specific application. It enables us to determine the solution most appropriate for your needs. Please complete this application form with as much detail as possible and fax to **+1 614 438 2413**.

Customer Information

Company Name: _____ Date: _____
Address: _____
Contact Person: _____ Title: _____
Telephone: _____ Fax: _____
Email: _____

Part Information

Name & Description of Base Material(s) (attach additional pages if necessary):
1. _____ Material: _____ Qty _____ /yr Cost ($/pc.) _____
2. _____ Material: _____ Qty _____ /yr Cost ($/pc.) _____

Wear Information

Describe the current wear mode (type of wear, how part fails, etc.): _____
_____
Environment: (dry, wet, corrosive, temp., other: explain) _____
Current Part Life: _____ ❑ days ❑ weeks ❑ months
Required Part Life: _____ ❑ days ❑ weeks ❑ months
Part Reworked? ❑ Part disposed after use ❑ Part Reworked (describe) _____
_____

Qualification / Testing

Parts available for Coating: ❑ Yes ❑ No Date Available: _____
Test Evaluation Required: ❑ Yes ❑ No Test Start Date: _____ Test Length: _____
Test Method/Criteria: _____

CDC Coating Preferences

Coating Type
- ❑ Standard CDC
- ❑ Heavy Duty CDC
- ❑ Nano CDC

CDC Thickness
- ❑ 25 um (std.)
- ❑ 50 um
- ❑ 250 um
- ❑ other _____

Heat Treating
- ❑ Heat Treat
- ❑ No-Heat Treat

Masking
- ❑ None Required
- ❑ Optional
- ❑ Critical Areas Required (mark areas below)

Finishing
- ❑ As Coated
- ❑ Bead Blasted
- ❑ Polished

Please provide sketch of part and critical coating/masking areas (attach drawing if available)