

# SPECIAL TAPS ENQUIRY FORM

## FILL OUT & FAX

Should you have a tapping problem or require specialised threading tools, please fill out the form below, and if possible please send us samples of components and tools used. This will enable us to select the correct tool for your specialised application.

NAME OF COMPANY :	
ADDRESS :	
DEPARTMENT :	

CONTACT NAME :			
TEL :			
FAX :			
E-MAIL :			
DATE :		REQUESTED BY:	

### A. TAP INFORMATION

QTY REQUIRED:	
SIZE OF TAP :	
PITCH :	
NORM REQUIRED :	

(eg. ISO 529 / DIN 371 etc.)

SURFACE TREATMENT :	
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(If any, eg. Steam Temper, Nitride, TiN etc.)

DRAWING NO. (if any):	
TOLERANCE :	
RIGHT / LEFT HAND :	
TYPE OF TAP :	

(eg. Spiral Point / Spiral Flute etc.)

NO. OF FLUTES :	
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LEAD LENGTH :	
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### B. MATERIAL / WORKPIECE INFORMATION

TYPE OF MATERIAL :	
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(eg. Stainless Steel, Brass etc.)

TENSILE STRENGTH :	
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(N/mm<sup>2</sup>)

SHORT / LONG CHIP :	
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NO. OR CLASSIFICATION :	
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(eg. 304, Cu Zn 37 etc.)

TEMPERED TO :	
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(N/mm<sup>2</sup>)

TYPE OF HOLE : Mark appropriate box below
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(Complete dimensions for appropriate hole eg. - Precise diameter, depth etc.)

THROUGH HOLE	LONG THROUGH HOLE	BLIND HOLE	DEEP BLIND HOLE

### C. MACHINE / METHOD

MACHINE TYPE :	
REVERSE / DROP THROUGH :	
CUTTING SPEED :	
TYPE OF TAPPING ATTACHMENT / HOLDER :	

(Inflexible / with axial float / with radial float / with clutch)

HORIZONTAL / VERTICAL TAPPING :	
FEED (WITH / WITHOUT PITCH CONTROL) :	
LUBRICANT TYPE :	
APPLICATION :	

(Brush / continuous / spray cooling etc.)

### D. DETAILS OF PROBLEM, OR OTHER INFORMATION


Tap Information

