



Solenoid Valve Application Document

Company Name: _____

Tel. # _____

Job Reference: _____

Client Name: _____

Date: _____

Date quote required: _____



Media

<input type="checkbox"/> Air
<input type="checkbox"/> Water
<input type="checkbox"/> Oil
<input type="checkbox"/> Gas
<input type="checkbox"/> Steam

Valve Function

<input type="checkbox"/> 2-way
<input type="checkbox"/> 3-way
<input type="checkbox"/> 4-way
<input type="checkbox"/> 5-way

Valve Operation

<input type="checkbox"/> Normally Open
<input type="checkbox"/> Normally Closed
<input type="checkbox"/> Universal

Body Material

<input type="checkbox"/> Brass
<input type="checkbox"/> Bronze
<input type="checkbox"/> Stainless Steel
<input type="checkbox"/> Aluminum

tel: 705.682.2828 or 1.800.461.4076 www.chesscontrols.com sales@chesscontrols.com

Instrumentation – Automation – Plant Power - Valve



Pipe Size (available between 1/8" to 3"):

Minimum Operating Pressure:

Maximum Operating Pressure:

Temperature:

Voltage

<input type="checkbox"/> 24VDC
<input type="checkbox"/> 24VAC
<input type="checkbox"/> 120VAC
<input type="checkbox"/> Other

Special requirements, additional application details

Date Solenoid valve is required: _____

Quantity required: _____

Submit request to sales@chesscontrols.com