



Customer: Please complete and fax to:
DCI Parts Department – HEAD RFQ
600 North 54 Avenue (56303)
P. O. Box 1227 (56302-1227)
St. Cloud, MN
Phone: 320-252-8200
Fax: 320-252-0866

HEAD RFQ FORM

DATE: _____ FROM: _____
TOTAL NO. PAGES: _____ COMPANY NAME: _____
TELEPHONE: _____ LOCATION: _____
FAX: _____ E-MAIL: _____
DCI TO SEND QUOTE VIA (Customer to specify): Fax E-mail

QUANTITY: ()
HEAD SHAPE: _____, DIAMETER: _____
ASME: _____
MILL CERTS / MATERIAL TEST REPORTS (MTR'S) REQUIRED? : Yes No
: _____
KNUCKLE RADIUS: _____
STRAIGHT FLANGE: _____
NOMINAL THICKNESS: _____ (MINIMUM THICKNESS:)
ALLOY: _____
INSIDE MATERIAL FINISH: _____
INSIDE WELD FINISH: _____
OUTSIDE MATERIAL FINISH: _____
OUTSIDE WELD FINISH: _____
EDGE PREP: _____
RADIOGRAPH: _____
SEAMLESS BLANK: Yes No
CENTER HOLE: Yes No
PROTECTIVE PAPER – INSIDE: Yes No
PROTECTIVE PAPER – OUTSIDE: Yes No
NOTE(S): _____