



F.W. WEBB COMPANY
Process Controls Division

SALESMAN:
BRANCH:

PRODUCT DATA REQUIREMENTS FOR REPLACEMENT OR NEW PRESSURE RELIEF VALVES. (Please fill this form out as completely as possible and fax to 1-207-872-5643)

CUSTOMER NAME	
ADDRESS (Street, City State)	
CONTACT NAME / TITLE	
PHONE # / FAX#	
APPLICATION	
QUANTITY REQUIRED	
VALVE TYPE & MFG. (when known)	
SERIAL # (when known)	
ASME (or other stampings on valve)	
SET PRESSURE (psig)	
OPERATING PRESSURE (psig)	
DESIGN TEMPERATURE (°F)	
ALLOWABLE OVERPRESSURE (%)	
BACKPRESSURE (psig)	
REQUIRED CAPACITY (units)	
TYPE OF FLUID (Steam, Air, Vapor, Water)	
DENSITY	
VAPOR (Molecular weight)	
GASES (Specific Gravity)	
LIQUIDS (Specific Gravity)	
INLET SIZE / TYPE	
OUTLET SIZE / TYPE	
OTHER ACCESSORIES NEEDED (Yes \ No)	
BOLTED CAP	
PACKED CAP	
PLAIN LIFTING LEVER	
WEATHERSHIELD	
SPRING COVER	
OTHER	