



Your Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ x \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Please give us as much information as you can:**

**Mechanical Requirements**

Overall Length \_\_\_\_\_ (mm or inch.)  
 Quartz Length \_\_\_\_\_ (mm or inch.)  
 Arc Length \_\_\_\_\_ (mm or inch.)  
 Quartz ID X OD \_\_\_\_\_ (mm)  
 Max Lamp OD \_\_\_\_\_ (mm)  
 Quartz Type \_\_\_\_\_ (CDQ, CFQ, TDQ, SFQ)  
 Gas Type \_\_\_\_\_ (Xe, Kr, mix)  
 Pressure \_\_\_\_\_ (torr)

**Electrical Requirements**

Max. Current \_\_\_\_\_ (A)  
 Typical Current \_\_\_\_\_ (A)  
 Arc Voltage \_\_\_\_\_ (V)  
 Max. Input Power \_\_\_\_\_ (watts)

**System Information**

Type of laser Rod \_\_\_\_\_  
 O Ring Location \_\_\_\_\_ (mm or inch.)  
 End Connection Style \_\_\_\_\_  
 Desired Lifetime \_\_\_\_\_