



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 _____