

21615 SW T-V HWY  
 BEAVERTON, OR 97003  
 Phone: 503-642-9853  
 Fax: 503-591-7766  
 www.astrotool.com

# Customer Project Request Form

**PROJECT NUMBER**  
 (Assigned by Astro)

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## TOOLING INFORMATION (Complete Info. Below)

- |                                          |                                                       |
|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> <b>New Tool</b> | <input type="checkbox"/> <b>Equivalent Astro Tool</b> |
| <input type="checkbox"/> Crimp Tool      | <input type="checkbox"/> Crimp Tool                   |
| <input type="checkbox"/> I/R Tool        | <input type="checkbox"/> I/R Tool                     |
| <input type="checkbox"/> Accessory       | <input type="checkbox"/> Accessory                    |
| <input type="checkbox"/> Other           | <input type="checkbox"/> Other                        |

**Military/Commercial/  
 Design Specifications:**

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**Commercial P/N:**

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**Commercial MFR:**

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- |                                                    |                                                     |
|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> <b>Hand Operated Tool</b> | <input type="checkbox"/> <b>Power Assisted Tool</b> |
|----------------------------------------------------|-----------------------------------------------------|

**Is a Locating Device Needed?**

- Yes**     **No**

**Type Of Crimp:**  
 (i.e. Indent, Hex, Form)

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**Anticipated Order Qty:**

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## APPLICATION INFORMATION (Complete Info. Below)

- |                                                       |                                                            |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> <b>New Crimp Application</b> | <input type="checkbox"/> <b>Existing Crimp Application</b> |
|-------------------------------------------------------|------------------------------------------------------------|

**Military Specification:**

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**Contact/Component P/N:**

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**Contact/Component MFR:**

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**Contact/Component Type  
 and Size:**

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**If Other Than Contact  
 Please Describe:**

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**Wire/Cable Type and Size:**

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**Can Application Drawings be Provided?**

**Can Samples Be Provided?**

- At least (6) samples of each type of contact/component is recommended for proper design or selection of crimp tooling.  
 - 3-5 feet of wire/cable sample required if using anything other than M222759 or M16878 wire.

## PERFORMANCE REQUIREMENTS (Complete Info. Below)

**Tensile Req:**

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**Deformation Req:**

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**Voltage Drop Req:**

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**Positioning Req:**

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**Company/Customer:**

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**Date:**

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**Customer Address:**

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**Email Address:**

**Phone:**

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**Please send samples and a hard copy of this form to:**

Astro Tool Corp.  
 Attn: Sales Service  
 21615 SW T-V HWY  
 Beaverton, OR 97003 USA

## Additional Information and Comments

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