

Mold Tryout Form

Company Name: _____	Contact Name: _____
Contact Phone #: _____	Date of Request: _____
P.O. Number: _____	Scheduled Sample Date: _____
Tool Shop Job #: _____	No. of Cavities: _____
Part Name: _____	Part #: _____
Pieces Required: _____	Material Type: _____
Machine Tonnage: _____	Loc. Ring Diam: _____

Sprue Radius: _____	Sprue Orifice: _____	Hot Runner yes no
Shot Weight: _____	Shrink Rate: _____	No. of Zones: _____
Slides or lifters: _____	Mold Weight: _____	Power Plug Type: _____
Eject. Ret. Method: _____	Knock Out Pattern: _____	Thermo Plug Type: _____
Tie-In Thread Size: _____	Hydraulic Core Pull: _____	No. of Hydraulic Circuits: _____
		Hydraulic Coupling Size: _____

