APPLICATION CHECKLIST



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CONTACT:	PHONE:
COMPANY:	EMAIL :
CO LOCATION:	APPLICATION: OCEANOGRAPHIC NUCLEAR
END USER :	In-Land Water Energy Defense
Rep:	
	_
TECHNICAL REQUIREMENTS If p	oossible, please provide a system drawing or hand sketc
Requesting a known product:	Quantity
Impulse Part Number:Impulse Part Number:	
Impulse Part Number:	
Impulse Part Number:	
Part Numbers Decided Upon (After Using this Form):	
Part A:	
Part B:	
Part C:	
Fait C.	
Operational Requirements/Application:	
	_
Number of Mates/De-Mates (per year): Length of Duratio	
Splash Mate Dry Mate Wet-Mate/Underwater Pluggab Operating Depth: Mrt. Mrt. Operating Pressure: Mrt. Mrt. Mrt. Operating Pressure: Mrt. Mrt. Mrt. Mrt. Mrt. Mrt. Mrt. Mrt.	
Temperature Range:MinMax Specification	
Fluids: Any other than Exposure to Fresh or Seawater? Yes \(\) No	•
Electrical:	
Number of Conductors: AWG Wire Size:	Coax Size/Type:

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Optical:
Single Mode Multimode Number of channels: Electric Optic Size & Num. of Fibers: Desired Attenuation:dB's
Hardware: Material: 316SS Brass 6061 AL Gr5 Ti PEEK GRE Delrin Other: Specific Installation Prep: Yes No Labeling Requirements: Wiring Diagram Info: Mounting Style: BCR FCR Penetrator
Cable Type: Elec.

TI Salesperson : _____