Pressure Window Specification Form
CPI Beverly Microwave Division (BMD)

PLEASE PRINT

Return this completed form to: BMDMarketing@cpii.com

Date: __________________________

Contact Name: __________________________________________________________

Company Name: __________________________________________________________

Contact address: __________________________________________________________

Contact Phone: __________________________

Contact Email: ___________________________________________________________

To better design or to match a currently produced window, please provide responses to the following questions:

1. What is the waveguide size and desired operating frequency for the window?

__________________________________________________________________________

2. What is the desired electrical performance for the window (VSWR/match, insertion loss)?

__________________________________________________________________________

3. What is the expected power level passing through the window? ________________

4. What are the vacuum and/or pressure requirements for the window?

__________________________________________________________________________

5. What are the mounting flange requirements? (specific waveguide / flange type)

__________________________________________________________________________

6. Does the window need to contain gasketing? YES _______ NO _______

7. Are there any special or extreme environmental requirements? YES _____ NO _______

   If so, please describe:_____________________________________________________

8. Is there any special plating or processing requirements for the window?

__________________________________________________________________________

9. What quantity are you looking for? _______________________________________

10. Is your requirement domestic or for export? ________________________________

Other questions:________________________________________________________________