



**F.W. WEBB COMPANY**  
Process Controls Division

SALESMAN:  
BRANCH:


**PRODUCT DATA REQUIREMENTS FOR REPLACEMENT OR NEW PRESSURE RELIEF VALVES.** (Please fill this form out as completely as possible and fax to 1-207-872-5643)

CUSTOMER NAME	
ADDRESS (Street, City State)	
CONTACT NAME / TITLE	
PHONE # / FAX#	

APPLICATION	
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QUANTITY REQUIRED	
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VALVE TYPE & MFG. (when known)	
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SERIAL # (when known)	
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ASME (or other stampings on valve)	
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SET PRESSURE (psig)	
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OPERATING PRESSURE (psig)	
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DESIGN TEMPERATURE (°F)	
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ALLOWABLE OVERPRESSURE (%)	
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BACKPRESSURE (psig)	
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REQUIRED CAPACITY (units)	
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TYPE OF FLUID (Steam, Air, Vapor, Water)	
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DENSITY

VAPOR (Molecular weight)	
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GASES (Specific Gravity)	
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LIQUIDS (Specific Gravity)	
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INLET SIZE / TYPE	
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OUTLET SIZE / TYPE	
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OTHER ACCESSORIES NEEDED (Yes \ No)

BOLTED CAP	
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PACKED CAP	
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PLAIN LIFTING LEVER	
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WEATHERSHIELD	
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SPRING COVER	
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OTHER	
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