



To complete this form: ❶ Fill out the form fields. ❷ Save the file to your computer (to make it easy to find save it to your desktop folder). ❸ Email the file back to your TriStar contact. For best results, use [Adobe Reader](#). **Red border = Required.**

## General Information

	Date	Name of TriStar Sales Engineer		
Company				
Contact				
Address	City	State	Zip	
Phone	Email	Qty.		

## What's Your Parylene Requirement?

This worksheet was created to provide information for providing a quote for Parylene conformal coating. Some additional questions may be needed to provide an accurate quote. Please fill out the form below. If a field doesn't apply, just leave it blank.

What parylene type (if known):

Desired thickness (if known):

in mm

Part description:

Part dimensions (attach drawing if possible).

in mm

Are there masking requirements? If yes, describe:

Annual part volume:

Additional notes: