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TRANSITION JOINT APPLICATION DATA SHEET

Date: _____ **Your Reference No** _____

Company _____ **Contact Info** _____

Email _____ **Tel** _____

Project Name _____ **End Use Location:** _____

<u>Required Information</u>	<u>Item 1</u>	<u>Item 2</u>	<u>Item 3</u>
Vessel / Pipe OD	_____	_____	_____
Matching Wall Thickness	_____	_____	_____
Matching Wall Grade*	_____	_____	_____
Design Pressure	_____	_____	_____
Max Design Temp	_____	_____	_____
Min Design Metal Temp	_____	_____	_____
Type (T or K)	_____	_____	_____
Special NDE Requirements	_____	_____	_____
Pipe Pups Required	_____	_____	_____
Quantity Required	_____	_____	_____

(*) Material and Yield for Wetted Componets

