PARTS REQUISITION FORM

Company Name _____
Contact Name _____
Contact Phone Number _____
Contact Email Address _____
Date Submitted _____
Date Required * _____

POWELL VALVES
2503 Spring Grove Ave.
Cincinnati, OH 45214
Toll Free: 800.888.2583
Fax: 513.852.2997
parts@powellvalves.com

To be able to provide an accurate parts quotation in an expedited manner we will ***require*** *either the Valve CERT Band Number or the Valve Serial Number in addition to the Valve Size. Please include as much of the following information as possible. If you have pictures, please attach.*

Part Requested	Quantity Needed	Valve CERT Band No. [1]	Valve Serial No. [2]	Valve Size	Powell Figure No.	Valve Pressure Class	Powell Drawing No.	Valve Body Material

** please note if this is needed for the repair of a valve, scheduled shut-down or stock*
[1] *located on colored metal band typically around valve gland bolt; 7 digit number w/ 2nd digit being a letter (example : 7A12345)*
[2] *located on the valve namplate; 5-6 digit number*