



# Technical Assistance Request

Let Dayton's know-how assist you in solving your die problems.

**Clearance Test** ☐ For clearance testing please supply at least three 1" x 4" (25 mm x 102 mm) samples of material, .010" to .187" (.25 mm x 4.7 mm) thick, flat & free of holes

*Please complete both sides of this form.*

Distributor: \_\_\_\_\_ Branch Location: \_\_\_\_\_

Distributor Contact: \_\_\_\_\_ Regional Manager: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Briefly state problem or question. \_\_\_\_\_

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## Part Information

Material	AISI	Gage or Thickness
Condition (oiled, prepainted, etc.)	SAE	Temper or Hardness
	ASTM	Type of Lubrication

**Shape** ☐ Round ☐ Elongated Round ☐ Rectangle/Square ☐ Special (sketch required)

**Tolerance** \_\_\_\_\_ inch/mm **Allowable Burr Height** \_\_\_\_\_ inch/mm

**Use** ☐ Clearance ☐ Fit ☐ Tapping

# Technical Assistance Request

*Please complete both sides of this form.*

Punch Description	
Material _____	Hardness _____
<b>Style</b> <input type="checkbox"/> Head-type <input type="checkbox"/> Ball Lock	<b>Type</b> <input type="checkbox"/> Plain <input type="checkbox"/> Slug Ejector
<b>Size</b> Shank Dia _____ inch/mm Point Size _____ inch/mm	
<b>Length</b> Point _____ inch/mm	<b>Guided in Stripper</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hardened Backing Plate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Hardness _____	

Matrix Description			
Material _____		Hardness _____	
<b>Style</b>			
<input type="checkbox"/> Headed	<input type="checkbox"/> Headless	<input type="checkbox"/> Ball Lock	
<b>Relief</b>			
<input type="checkbox"/> Taper	<input type="checkbox"/> C'bore		
<b>Size</b>			
OD _____ inch/mm		ID _____ inch/mm	
<b>Length</b>			
Straight Land _____ inch/mm			

Die Description	
<b>Construction</b>	
<input type="checkbox"/> Simple	<input type="checkbox"/> Compound
<input type="checkbox"/> Progressive	
<input type="checkbox"/> Other _____	
<b>Stripper</b>	
<input type="checkbox"/> Spring-loaded	<input type="checkbox"/> Bridge (Solid)
<input type="checkbox"/> Other _____	
<b>History</b>	
_____	_____
Hits Between Grinds	Parts per Grind
<b>Clearance</b>	
Punch to Matrix _____ inch/mm _____ %	
<input type="checkbox"/> Total	
<input type="checkbox"/> Per Side	
<b>Penetration</b>	
Punch into Matrix _____ inch/mm	

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