

Custom fixture request form

Please complete this form and send it back to us. Our design team will review the supplied information and present you with a solution for your application. **Important: Any missing information will delay your quotation.**

Renishaw office _____ Company (end user) _____ Date _____	Renishaw contact name * _____ Renishaw contact email * _____
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* This person will receive the quotation and approval drawings

CMM Vision Equator **ITAR project**

Machine details	
Machine make _____	Machine model _____
Measurement method	Touch trigger <input type="checkbox"/> Scanning <input type="checkbox"/> 3-axis <input type="checkbox"/> 5-axis <input type="checkbox"/>
Probe rack mounted on the...	Left <input type="checkbox"/> Right <input type="checkbox"/> Back <input type="checkbox"/>
Please give the dimensions of the probe rack location from the front left corner of the machine X _____ Y _____	
FOR VISION ONLY	
Touch probe used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the plate required for use with a Renishaw QLC/IVF?	Yes ¹ <input type="checkbox"/> No <input type="checkbox"/> ¹ If yes, please indicate part number _____

Part and application details	
Brief description of the part(s) including part number(s)	_____
Part material	_____
Orientation of the part (please specify if multiple orientations are required)	_____
How high must the part sit off the stage/base of the machine?	_____
Measured features (please indicate on the attachments)	_____
Part holding: (please specify contact points on the drawing if required)	Free state <input type="checkbox"/> Restrained <input type="checkbox"/>
Number of parts to be measured on one fixture	_____
Parts to be located on datum features?	Yes ² <input type="checkbox"/> No <input type="checkbox"/> ² If yes, please specify on the drawing
Number of fixtures required?	_____
CMM certification of fixture <input type="checkbox"/>	Gauge R&R required <input type="checkbox"/>

Attachments (providing CAD models and/or physical samples will increase the promptness of quotation delivery)				
Technical drawings <input type="checkbox"/>	CAD models ** <input type="checkbox"/>	Physical samples <input type="checkbox"/>	Images <input type="checkbox"/>	Styli used _____
** These will be used to design your fixture.				

Additional information	INTERNAL USE ONLY
	Part number _____
	Order number _____
	S/O number _____