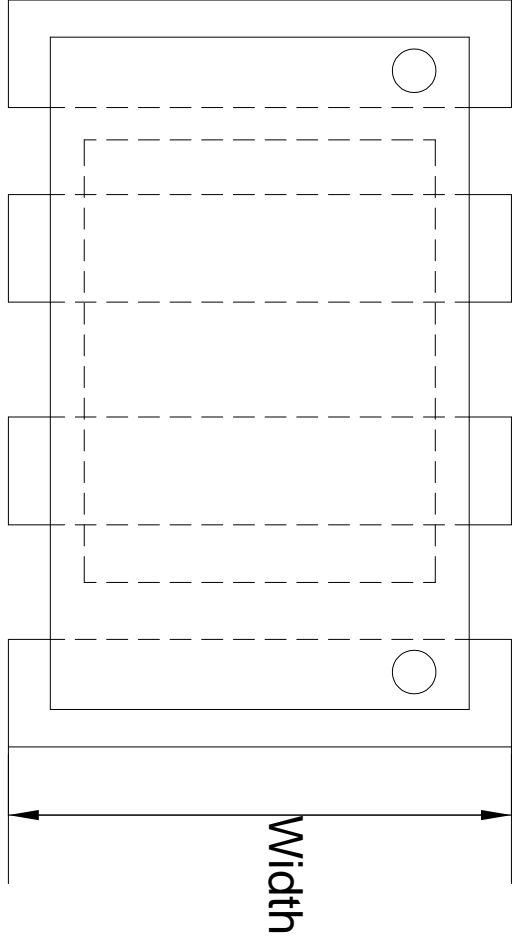
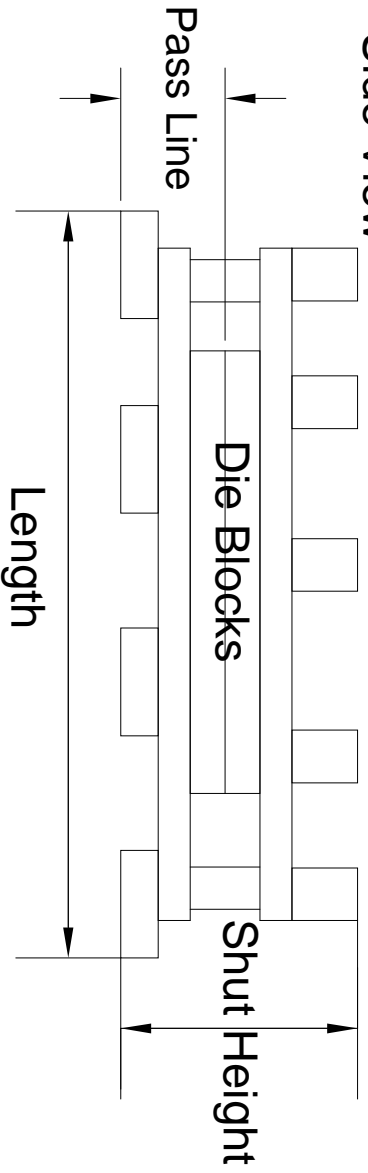


Part Number: _____
 Tool Number: _____

Top View



Side View



Check Type	Type	Number of Stations	RUN RATE
<input type="checkbox"/>	Progressive	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Draw	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Blank	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Compound Blank	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Hand Transfer	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	Form, Pierce, Trim	<input type="checkbox"/>	<input type="text"/>

Tool Dimensions - Please use Inches

Shut Height -

Pass Line-

Width -

Length -

Tool Weight -

Required Tonnage -

Material - Weight Per Part

Material Type: _____
 Strip: _____
 Coil: _____
 Blank: _____
 Usage per part: Thickness X Width X Length (progression/Lead): _____
 Tickness: _____
 Width: _____
 Length / Progression / Lead: _____