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Vessel Post Weld Heat Treatment (PWHT) Inquiry Form

1) Fill out the form 2 Save it 3 Email it to sales@texfab.com

Company Name	е		Inquiry No
Contact Name			Phone No
E-mail			
Due Date		Material Need	d Date
Number of Pied	ces		
Dimensions:			
Vacan	l Thi		
Vessel	TINK		
Overal	Overall Length		
Overal	ll Width		
Overal	ll Height		
Overal	ll Weight		
Temperature		°F	
Hold Time			

NOTE: Please attached post weld heat treat specifications and/or procedures