



Pressure Window Specification Form
CPI Beverly Microwave Division (BMD)

PLEASE PRINT

Return this completed form to: BMDMarketing@cpii.com

Date: _____

Contact Name: _____

Company Name: _____

Contact address: _____

Contact Phone: _____

Contact Email: _____

To better design or to match a currently produced window, please provide responses to the following questions:

1. What is the **waveguide size** and **desired operating frequency** for the window?

2. What is the **desired electrical performance** for the window (VSWR/match, insertion loss)?

3. What is the **expected power level passing through** the window? _____

4. What are the **vacuum and/or pressure requirements** for the window?

5. What are the **mounting flange requirements?** (specific waveguide / flange type)

6. Does the window **need to contain gasketing?** YES _____ NO _____

7. Are there **any special or extreme environmental requirements?** YES _____ NO _____
If so, please describe: _____

8. Is there **any special plating or processing requirements** for the window?

9. **What quantity** are you looking for? _____

10. Is your requirement **domestic or for export?** _____

Other questions: _____
