



Serv-Plas, LC

PH: 810-364-4877

3233 Dove Rd, Port Huron, MI 48060

Fax: 810-364-4878

“ Service to the Plastic Industry”

Mold Run Authorization Sheet

Customer: _____ Phone: _____
 Contact Name: _____ Requested Run Date: _____
 P.O. Number: _____ Job Number: _____
 Does Customer request to be present for run? Yes _____ No _____

Mold Information

(To Best Serve you, please check all applicable boxes)

- Prototype Run New Tool Sampling Short Run First Run Eng Chg
 Re-Run due to: Color Change Dimensional Functional Cosmetic
 Material Change Other

Press Size Requested:

- 85 Ton (Tie bar spacing 16" x 13.6" x Max Ht.16"/Min Ht 4" with 3" Max. Ejection)
 230 Ton (Tie bar spacing 22" x 22" x Max Ht. 22"/Min Ht 7" with 4.5" Max. Ejection)
 400 Ton (Tie bar spacing 28" x 28" x Max Ht. 28"/Min Ht 8" with 6.0" Max. Ejection)

Mold Dimensions: (L) _____ (W) _____ (H) _____

Part Number: _____ Part Name: _____

Number of Cavities: _____ Quantity Requested: _____

*Material Type/Color: _____ Does Mat'l require drying: Yes No

Handloads/Inserts: Yes No ↔ Number of inserts: _____

Hot Sprue: Yes No Offset Sprue: Yes No

Core Pull Required: Yes No Threaded Knockout "Required": Yes No

Hot Runner: Yes No ↔ Type: _____ # of Zones: _____

Water/Oil Fittings (*Circle One*): 200 series 300 series Other

**(If more than one material or color please specify in "Other special notes")*

Other special notes:

Authorized Signature: _____ Date: _____