PLT
PRECISION LASER TECHNOLOGY

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PLT WELD REPAIR FORM

Customer:	**Job / Mold No.:**
Contact:	**Type of Material:**
Tel No.:	**Rockwell No.:**
PO No.:	
Quantity:	**Molding Area Y/N:**
Date Needed:	**Minimum Weld Req'd:**

Notes / Description of Weld Service (include Files / Prints if necessary):

REMINDER:
Weld area should be free of any grease, oils or surface treatment. To avoid delays, please include Weld Repair Form with Tools and highlight weld areas.

PLT USE ONLY:

Laser Technician:		**Laser Welder:**		
Time:	Set-up:	Weld:	Other:	Total:
Inspection:	Qty Accepted		Qty Reworked*	
* Explanation:				
Special Shipping Instructions:		UPS/FedEx	PLT Deliver	Cust Pick-Up
Final Approvals:		Quality		Pricing