



ITEM	TOLERANCE
LENGTH (L):	
DIAMETER (D):	
ANGLE (A):	
CHAMFER (C):	
THREAD (T1):	
MIN. DEPTH (X):	
THREAD (T2):	
MIN. DEPTH (Y):	

MATERIAL:

STANDARD STAINLESS STEEL

DRAWN BY: _____ DATE _____

APPROVAL: _____ DATE _____

DO NOT SCALE

PLATING TYPE: (IF ANY)

TITLE
CO-AXIAL DRILL and TAP

DWG. NO.

CUSTOMER AUTHORIZATION: _____

NOOK
THE LINEAR MOTION PEOPLE

NOOK INDUSTRIES, INC.
4950 EAST 49TH STREET
CUYAHOGA HEIGHTS, OHIO
44125-1016 USA

customer reference: _____

Request for Quotation



Fax: 216.271.7020

Date: _____

Pages (including this cover): _____

Customer: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

E-mail _____

Template Name

Quantity

_____	_____
_____	_____
_____	_____

Fax a copy of your drawing or select a template that best matches your application requirements.

1. Fill in all available data with tolerance in either inch or metric units.
2. If a specification is not on the template add it, the applicable dimensions and tolerances.
3. If a specification is not required but is on the template, draw a line through it, and mark the item description with N/A.
4. Include additional notes to the template to aid in quoting and manufacturing.

Fax this cover sheet along with template drawing to **CUSTOMER SERVICE AT: 216.271.7020**

For questions or help in selecting the best solution for your application requirements, please contact

APPLICATION ENGINEERING at: **800.321.7800** or e-mail: **engineering@nookind.com**

These templates are available in pdf format online
www.nookindustries.com

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