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MANUFACTURING

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CONTACT US

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[See Map](#)

Print PDF

Low Pressure Molding Application Checklist

In order for us to better evaluate your application, please [email us](#) pictures, drawings/solid model and/or send an actual product sample to the above address.

(*Required)

*First Name

*Last Name

*Company

*Telephone

*Email

Product Name

Automotive Industrial Consumer Medical

Product Description

New Product?

Product Life

Component size, dimensions

Timeline (prototyping and product to market)

Yearly Volume

Overmolding target price per unit

Service Temperature

Moisture exposure, splashing, immersion?

Salt fog, spray?

Humidity Testing?

UV exposure?

Temperature cycle / shock testing?	<input type="text"/>
Vibration test?	<input type="text"/>
Adhesion to wires? (wire material)	<input type="text"/>
Strain relief needed?	<input type="text"/>
Cable or other attachments (length/size)	<input type="text"/>
Adhesion to PCB?	<input type="text"/>
Adhesion to other? (other material)	<input type="text"/>
Minimum material thickness?	<input type="text"/>
Maximum material thickness?	<input type="text"/>
Can over-mold materials replace housing?	<input type="text"/>
Mounting holes required?	<input type="text"/>
Surface finish requirement?	<input type="text"/>
Color black, amber or other?	<input type="text"/>
Molded logo and/or number required?	<input type="text"/>
	<input type="button" value="Send"/>