

## MODIFICATION/SPECIAL ORDER

DATE: \_\_\_/\_\_\_/\_\_\_

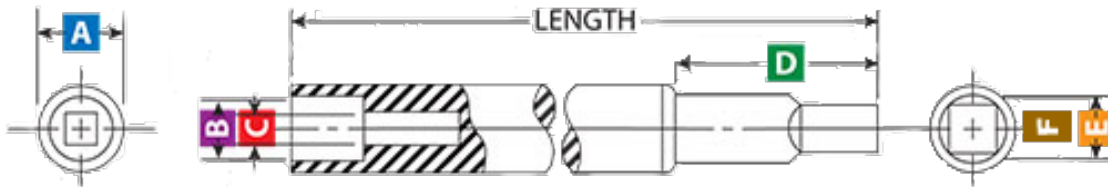
PURCHASE ORDER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please provide our machinist with a drawing and/or sketch indicating the Tap measurements and Extension specifications, adding any other variations as required. **Diagrams for reference points are shown below.**



A	B	C	D	E	F
MAXIMUM EXTENSION DIAMETER	MAXIMUM TAP SHANK ACCEPTED	MAXIMUM TAP SQUARE ACCEPTED	LENGTH OF SMALL SHANK OF EXTENSION	DIAMETER OF SMALL SHANK OF EXTENSION	SQUARE SHANK OF EXTENSION

A: \_\_\_\_\_ B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_ E: \_\_\_\_\_ F: \_\_\_\_\_

For quality assurance purposes, please provide us with the actual Tap the Extension is ordered for. The Tap will be returned with your order unless otherwise requested.

Special Notes:

Thank you.