

☐ To: Sigma Koki Co., Ltd.

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Affiliation (Organization Name)							
Department				Name			
TEL		FAX		E-mail			
Country Address							
Name & Designation		(Tentative name is okay)					
Drawing Number		Estimate		<input type="checkbox"/> Yes: by Date		<input type="checkbox"/> No	
Desired Delivery Date		Budget		JP Yen			
Quantity		pieces					
Substrates If you do not specify a dimension tolerance is outside the standard tolerance.	Standard product				If you are using a substrate of standard product, please fill in the product number.		
	Custom-made	Material	<input type="checkbox"/> BK7 <input type="checkbox"/> Synthetic fused silica <input type="checkbox"/> Other ()				
			ϕA	mm	c	mm	
			a	mm	d	mm	
			b	mm	e	mm	
			t	mm			
		Surface flatness of substrate		In the case of plate beam splitter, please specify surface flatness and parallelism and wedge of substrate.			
	Parallelism		Wedge		°		
	Wavelength Range	$\lambda =$ nm		Incident angle	$\theta =$ °		
	Type of Coating	Metallic Coating	<input type="checkbox"/> Half Mirror <input type="checkbox"/> Beamsplitter <input type="checkbox"/> Other ()		Type of Light Source		
R:T :							
Dielectric multi-layer coating		<input type="checkbox"/> Half Mirror <input type="checkbox"/> Beamsplitter <input type="checkbox"/> Dichroic Mirror <input type="checkbox"/> Other ()		Power or Energy	W J Pulse width s Repetition frequency Hz		
		R	%		Beam Size	mm	
		T	%		* There was a more detailed specification, please fill in this field.		
AR coat		<input type="checkbox"/> Multilayer antireflection coating (SLAR) <input type="checkbox"/> Multilayer antireflection coating (MLAR) <input type="checkbox"/> Other ()					
Polarization of the incident beam		<input type="checkbox"/> UnPolarization <input type="checkbox"/> Circularly polarization or 45 degrees direction of linearly polarization <input type="checkbox"/> P-polarization <input type="checkbox"/> S-polarization					

SIGMAKOKI CO.,LTD.