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| **PLEASE PROVIDE THE FOLLOWING DATA & INFORMATION:** |
| ASSEMBLY #: |       | ASSEMBLY NAME: |       |
| ASSY REV: |       | PCB REV: |       |
| CONTACT NAME: |       | PHONE #: |       |
| ACCOUNTS PAYABLE NAME: |       | ACCOUNTS PAYABLE EMAIL: |       |
|  |
| EXPECTED COMPLETION DATE OR TURN TIME (TURN TIME IS AFTER ALL MATERIALS ARE IN HOUSE): |
| DUE DATE: | CHOOSE DATE | TURN TIME: |       |
| QTY(S) REQUESTED: |       |
| IF MULTIPLE RELEASES, PLEASE SPECIFY DATES AND QUANTITIES NEEDED: |       |
| FORECAST: |  |
| COATING MATERIAL: |  |
| IF OTHER PLEASE SPECIFY: |       |
| THINNING MATERIAL: |  |
| IF OTHER PLEASE SPECIFY: |       |
| ARE YOU ABLE TO PROVIDE CONFORMAL COAT MASKING SPECIFICATIONS? |  |
| IF “NO – OTHER”, PLEASE SPECIFY WHAT PARTS SHOULD BE KEPT FREE FROM COATING |       |
| COATING COVERAGE: |  |
| DOES YOUR ASSEMBLY REQUIRE CLEANING BEFORE CONFORMAL COATING? |  |
| POST CLEANING TEST REQUIRED? |  |
| ***NOTES / COMMENTS:*** |
|       |