|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:*** | | | | | | |
|  | | | | | | |