

	DESIGN SPECIFICATION DATA	Sales Engineer : _____ Reference : _____ Date : _____		
Company Name: <input style="width: 200px;" type="text"/> Contact : <input style="width: 100px;" type="text"/>				
Product PT-NR : <input style="width: 100px;" type="text"/> Project : <input style="width: 100px;" type="text"/> Yearly Quantities : <input style="width: 50px;" type="text"/>				
SELF - B O U N D E D C O I L S				
Market : <input type="checkbox"/> AIRSPACE <input type="checkbox"/> AVIONICS / DEFENCE <input type="checkbox"/> RAILWAY SYSTEMS <input type="checkbox"/> Other : <input type="checkbox"/> TELECOM <input type="checkbox"/> INDUSTRY <input type="checkbox"/> AUTOMOTIVE <input type="checkbox"/> CONSUMER				
Environment : Vibrations and/or shocks : <input style="width: 150px;" type="text"/> Acceleration : <input style="width: 80px;" type="text"/> Humidity : <input style="width: 80px;" type="text"/> Operating T° : <input style="width: 100px;" type="text"/> Min/Max Storage T° : <input style="width: 80px;" type="text"/> Min/Max				
Applied Standards : <input style="width: 200px;" type="text"/>				
Magnetic Circuit : <input type="checkbox"/> NO (air coil) <input type="checkbox"/> YES (to be defined) :				
Geometry : ∅ Wire (mm) : <input style="width: 150px;" type="text"/> Dimensions / Tolerances : <input style="width: 200px;" type="text"/>				
Mechanical Strength (grms) : <input style="width: 100px;" type="text"/> Number of turns : <input style="width: 80px;" type="text"/>				
Working Frequency : <input style="width: 200px;" type="text"/>				
Inductance : Nominal value / Tolerance : <input style="width: 150px;" type="text"/>				
Quality Factor : Nominal Value / Tolerance : <input style="width: 150px;" type="text"/>				
Maximum RMS Current (mA) : <input style="width: 200px;" type="text"/>				
Isolation : <input style="width: 200px;" type="text"/>				
Maximum Dimensions : Length : <input style="width: 80px;" type="text"/> Width : <input style="width: 80px;" type="text"/> Height : <input style="width: 80px;" type="text"/>				
Report Mode : <input type="checkbox"/> SMD <input type="checkbox"/> THROUGH-HOLE <input type="checkbox"/> WIRES (length + tolerance) :				
Finish : <input type="checkbox"/> Box <input type="checkbox"/> Gravity molding <input type="checkbox"/> Transfer molding <input type="checkbox"/> Coating <input type="checkbox"/> None <input type="checkbox"/> Dip impregnation <input type="checkbox"/> Vacuum impregnation <input type="checkbox"/> Injection				
Marking : <input style="width: 100px;" type="text"/> Sticker on Packing : <input style="width: 100px;" type="text"/>				
Packing : <input type="checkbox"/> LOOSE <input type="checkbox"/> STICK <input type="checkbox"/> REEL <input type="checkbox"/> TRAY <input type="checkbox"/> UNITARY				
MECHANICAL DRAWING	LAYOUT			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 150px;"> </td><td style="width:50%; height: 150px;"> </td></tr> </table>				

IQ04/01/05a

Please return by fax this completely filled document at : +33.3.82.51.00.49

