



Resistive Product Questionnaire

Date: _____

Company Name: _____

Point of Contact: _____

Phone/Email: _____

Please supply as much applicable information as possible so that PPI can provide a product to best fit your application.

Question	Notes
Existing Vendor, if applicable	
Competitor Part Number, if known	
Part Drawing/ Datasheet, if available	
New Program:	New? Existing
Name of Program/Project:	
What type of Application?	Commercial Space Medical Military
<i>If Competitor Part Number or drawing are NOT available:</i>	
Value	
Operating Frequency	
Attachment Techniques: How is part being mounted?	Wirebond Epoxy
If Coating Polyimide	Yes No
Part Size: L x W x T (mils or inches – please note)	
Substrate Material:	Alumina Quartz
Bottom Side Metal:	Yes No
What is the part being used for? Application? Frequency	
Packaging Requirements:	Waffle Pack Gel Pack
Non-Standard Packaging (Not available for all case sizes)	Tape & Reel
Quantity: Required for this request:	
What is EAU?	
Target Pricing:	
Where is design being built?:	In house Through CM: Please provide Name and Location:
Notes:	

For Internal Use: PPI Part Number:

Opp#: