



Company	Contact	Date
Address		
Phone	Fax	E-mail

TESTER TYPE			
Manufacturer	Model		
Approximate Board Size	Maximum # of Tester Channels	Available Tester Channels	Preferred # of Tester Channels
Impedance	Ohms	Tolerance Standard +/- 10%	Other Tolerance:

PROBER		
# of Needles in Array	Number of Sites	Needles per Site

PROBE MATERIAL				
Tungsten	Rhenium Tungsten	BeCu	Palladium	Trivar

BOARD CHARACTERISTICS	
Material	<input type="checkbox"/> FR 4 (Standard) <input type="checkbox"/> Teflon <input type="checkbox"/> Cyanide Ester <input type="checkbox"/> Gore Clad <input type="checkbox"/> Speed Board C <input type="checkbox"/> Polyemide <input type="checkbox"/> Getek <input type="checkbox"/> Other _____
Testing Temperature	<input type="checkbox"/> 0 - 85 degrees C (Standard) <input type="checkbox"/> Other _____ degrees C
Testing Speed	<input type="checkbox"/> Hz <input type="checkbox"/> Edge Rate <input type="checkbox"/> Number of Power Supplies
Power Plane Design	<input type="checkbox"/> Full Planes <input type="checkbox"/> Shared Planes <input type="checkbox"/> Ground Plane Design <input type="checkbox"/> Digital Ground <input type="checkbox"/> Analog Ground <input type="checkbox"/> Both
	Are device power/ground/true no connect locations known? <input type="checkbox"/> Yes (please provide) <input type="checkbox"/> No
Routing	<input type="checkbox"/> Best Fit for Probe Card <input type="checkbox"/> Fixed Pin List (please attach file)
Special Requirements (check all that apply)	<input type="checkbox"/> Mux Mode <input type="checkbox"/> Dual Transmission Lines <input type="checkbox"/> Mixed Impedance <input type="checkbox"/> Differential Pairs <input type="checkbox"/> Equal Lead Length <input type="checkbox"/> Scan <input type="checkbox"/> Analog signal or ground requirements <input type="checkbox"/> Other _____
Schematic	<input type="checkbox"/> Paper Schematic Provided <input type="checkbox"/> Electronic Net List / Schematic Provided (please attach in Tango Format) <input type="checkbox"/> MC Test to Create Schematic <input type="checkbox"/> No Schematic Required

ASSEMBLY	
Components	<input type="checkbox"/> Decoupling Chip Caps Approximate number / value(s) _____ <input type="checkbox"/> Other Passive Components Approximate number _____ <input type="checkbox"/> Active Components Approximate number _____ <input type="checkbox"/> Provided by MC Test <input type="checkbox"/> Provided by Customer <input type="checkbox"/> Not Needed <i>If components are to be supplied by MC Test, please provide a Bill of Materials and data sheets for components. If a Bill of Materials is not available, quote for components will be "To Be Determined."</i>
Stiffener	<input type="checkbox"/> Provided by MC Test <input type="checkbox"/> Provided by Customer <input type="checkbox"/> Not Needed
Assembly Labor	<input type="checkbox"/> Provided by MC Test <input type="checkbox"/> Not Needed



QUANTITY / DELIVERY	
Quantity	___ Number of Probe Cards needed
Delivery	Standard design time is 2 weeks after receipt of all documentation. Standard ship date is 2.5 weeks after approval of design.
Required Ship Date	_____ <i>Note: expedite fees may apply if less than standard turn time. Standard design time may be increased depending on complexity of schematic.</i>

Submitted By	
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**RETURN THIS FORM** – Please e-mail this form to your MC Test Account Manager or Fax it to **(408) 264-8897** so a quote can be prepared.