GOLDEN WEST TECHNOLOGY CUSTOMER DOCUMENTATION REQUIREMENTS CHECK LIST

Customer Name:				Date:	Date:		
Address:							
City:	State:			Zip: E-Mail:			
Phone:	Fax:						
Contact:	Purch:	Purch: Ext.			Eng: E		
Application Notes:							
Target Date:		sure Require	ed: Yes:	No: []	Audit/Surv	ey?	
CUSTOMER REQUIREMEN	<u>TS</u> :						
Part #s to be Quoted	Quantities	Delivery S	Schedule	Turnkey	Consignment	7	
						-	
						-	
Sample Board Supplied	Return to Cu	ustomer	1 st Artic	cle/ Prototyp	e 🛛		
Test Requirements: Function	onal	In-Circuit	О е	Bare Board			
DOCUMENTATION REQUE		TURNKEY	CONSIG	NMENT	TEST	PCB FAB	
Bill of Material							
Vendor Source Control Document							
Assembly Drawing (pdf preferred)							
PCB Fab Drawing (pdf preferred)							
Schematics							
Gerber Files]			
CAD Centroid File]			