



Application Worksheet

Company and Contact Information

Date:		Company:					
Street Address							
Sales/Rep:		Address: (Bill)	City:		State:	Zip:	
Project Name:		Address:(Ship)	City:		State:	Zip:	
Application:							
Project Contact:		Phone:					
E-Mail:							
Website:							

Product Information

Market Segment:					Med. Device Class:		
New Product	Yes	No	Existing Product	YES	No	If YES please check below and provide target cost	
Quality Issue:				Delivery Issue:			Cost:

Project Timeline

Est. Annual Qty.:			Target Cost:			
Prototypes:	QTY:			Timeframe:		
Production:	QTY:			Timeframe:		

Battery Requirements

Chemistry:						
Nominal Voltage:			Device Cut-Off Voltage:			
Capacity:	Desired:					
	Continuous Discharge:				Duration:	
	Max. Discharge:				Duration:	
	Pulse:				Duration:	
Temperature:	Operating:					
	Storage:					
Desired Cycles:						
Fuel Gauge:			Fuel Gauge Display:			
Protection Circuit:			Secondary Protection:			
Battery Dimensions:	Max:		Approx.:			
Connection Type:						
Case Material:	Overall Shrink:		Plastic:		Other:	

If utilizing a Contract MFR. please provide Name & Address below

Charger Information

Charger Required:	Yes:		NO:			
Type:	Internal:		External:			
Method:						

Agency Approvals

ITAR:			UL Certification:			
UN/DOT:			CB Report / Certification:			
ROHS:			IEC:			
Other:						

PLEASE SPECIFY AGENCY STANDARDS THAT BATTERY SHOULD BE COMPLAINT TO

Application Notes:

PLEASE INCLUDE ANY 3D MODELS, DRAWINGS OR SPECIFICATIONS, ETC