

DESIGN FORECAST / REGISTRATION REPORTING FORM

MANUFACTURER



Product Liability Concerns
(Check if Applicable)

REGISTRATION NUMBER
Date: _____
Approved: _____
Expires: _____
Renewal Date: _____

DATE SUBMITTED: _____

Accepted by: _____ Date: _____

Rejected by: _____ Date: _____

Reason: _____

TRACKING NUMBER	
<input type="text"/>	<input type="text"/>
DISTRIBUTOR	LOCATION: _____
FAE: _____	Phone: (____) _____ Ext. : _____
Sales Person: _____	Phone: (____) _____ Pgr: _____

CUSTOMER INFORMATION:	DISTRIBUTOR ACCOUNT NUMBER	<input type="text"/>
COMPANY: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Manufacturer Salesperson: _____ Phone: (____) _____	Manufacturer Account Number	<input type="text"/>
Manufacturer FAE: _____ Phone: (____) _____		

PROJECT INFORMATION:	Status: _____	Prototype Date: _____
	<small>Concept/Prototype/Win/Production</small>	
PROJECT NAME: _____	UNITS: _____	Production Date: _____
	<small>Quantity</small>	<small>Expected or Actual</small>
Description: _____ (Application) _____		
Project Engineer: _____	Phone: (____) _____	Ext. : _____
Additional Engineer: _____	Phone: (____) _____	Ext. : _____
Purchasing Contact: _____	Phone: (____) _____	Ext. : _____

PART NUMBER FOR REGISTRATION		Joint Visit Date: _____				
R= Registerable	A=Associated					
Part Number	R/A	Description	A.S.P.	QTY/Sys.	VALUE/ 1st Yr.	REGISTRATION LEVEL
COMPETITION: _____						
Mfg. / Past / Price / Issues						
Comments / Action Items: _____						
Development System / Metric						
Part Number	Description	Price	QTY	VALUE	COMMENTS	
WIN DATE		BONUS EARNED		TOTAL VALUE		1st YR Protection
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Design</small>		<small>Production</small>			
DEBIT NUMBER						
<input type="text"/>						

DEFINITION OF TERMS

GENERAL INFORMATION

- Manufacturer** - Name of Manufacturer to whom this registration is being submitted
- Product Liability Concerns** - Check if this product will be used in a life support or life endangering application
- Registration Number** - Enter the registration number here when approved
- Date Approved** - Date the registration was approved by the manufacturer
- Expires** - Date the registration expires or must be renewed
- Date Submitted** - The date this form was presented to the manufacturer
- Accepted By** - The person who accepted and approved the registration
- Rejected By** - The name of the person who rejected the registration as invalid
- Date** - The date rejected
- Reason** - The reason for rejection

DISTRIBUTOR INFORMATION

- Distributor** - Distributor name
- Tracking Number** - Pre-registration number or accompanying supplier opportunity tracking number
- Location** - Location of the distributor branch
- FAE** - Distributor FAE and Phone
- Salesperson** - Distributor account representative and phone with pager if available

CUSTOMER INFORMATION

- Customer Name** - Name of account
- Address** - Address
- City, State, Zip + 4** - Address
- Distributor Account Number** - Internal distributor assigned account number
- Manufacturer Salesperson** - Applicable manufacturer's representative assigned to the account with phone number
- Manufacturer FAE** - Applicable manufacturer's representative assigned to the account with phone number
- Manufacturer Account Number** - Internal manufacturer assigned account number

PROJECT INFORMATION

- Status** - Enter: "Concept", "Prototype", "Win", or "Production" depending on project progress to date
- Prototype Date** - Date the prototype was constructed or is expected to be constructed
- Project Name** - Name of the project involving the part subject to registration
- Units** - Number of devices, systems or units to be built under this project

- Production Date** - Expected date the project will go into production
- Description** - Description of the application or elements of the project
- Project Engineer** - Customer's engineer assigned to manage the project with phone number
- Additional Engineer** - Any other supporting engineer('s) critical to the project with phone
- Purchasing Contact** - Name of the person who will be directing the purchase of the registered part with phone

PART NUMBERS FOR REGISTRATION

- Part Number** - Enter the complete part number including packaging information where available
- R/A** - Indicate "R" if this is a part for Registration or "A" if this is an Associated part
- Description** - Description of the device (ie: Microcontroller)
- A.S.P.** - Average Selling Price per unit
- QTY/Sys** - How many devices will be used in each system
- Value 1st Yr. Prod.** - "A.S.P." times "QTY/Sys" times "Units" (from above)
- Registration Level** - Indicate supplier registration level where applicable or enter comments on part here

- Competition** - Indicate manufacturer, Part, Price and Issues concerning any product competing for this application

- Comments/Action Items** - Enter any comments that might have an effect on this design

DEVELOPMENT SYSTEM

- Part Number** - Part number of the development system
- Description** - Description of the development device
- Price** - Resale of the development device
- QTY** - Number of development devices to be sold
- Value** - "Price" times "QTY"

- TOTAL VALUE** - Total of all items listed on this sheet that will be bought in the first 12 months of production, including development devices.

- WIN DATE** - Date the manufacturer acknowledged the part had been selected for the design