

# FIRST ARTICLE DATA FORM

**To Customer:** Please complete this form with as much information as possible so we can provide you with the most accurate first article as timely as possible. Please e-mail the completed form - along with a *zipped* copy of the master code - to: [firstarticle@siliconserv.com](mailto:firstarticle@siliconserv.com); or fax form to: 512.490.2290.  
Please call 512.490.2203 for technical assistance.

CUSTOMER: \_\_\_\_\_

First Article to be returned to: \_\_\_\_\_  
(Individual's Name)

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### MASTER FORMAT INFORMATION

Customer identification/part name for PROGRAMMED PART: \_\_\_\_\_

Master code provide by customer via:  E-mail  Diskette  Part Master

<u>If E-mail:</u>	<u>If Diskette:</u>	<u>If Part Master:</u>
File Name: _____ <b>E-mailed files must be "zipped".</b>	File Name: _____ Data Format: _____	Device Mfg.: _____ Device Type: _____

### PROGRAMMING DATA

DEVICE MFG.: \_\_\_\_\_ DEVICE TYPE: \_\_\_\_\_

CHECKSUM: Secured: \_\_\_\_\_ Unsecured: \_\_\_\_\_ Equip. generating XSUM: \_\_\_\_\_

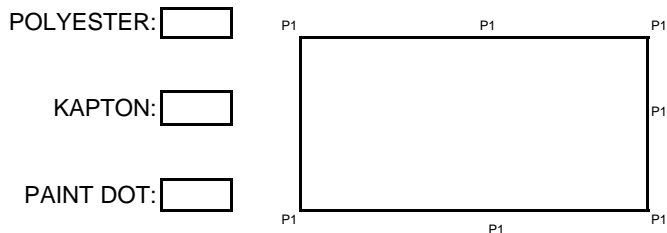
SPECIAL SETUP PARAMETERS:  
\_\_\_\_\_

Test Vectors:  Yes  No      Byte Swap:  Yes  No      Memory Fill: \_\_\_\_\_

**Micronroller settings:**      Watch Dog Timer: \_\_\_\_\_ MCLR: \_\_\_\_\_  
Oscillator: \_\_\_\_\_ Power up Timer: \_\_\_\_\_ ID: \_\_\_\_\_  
Brown Out Detect: \_\_\_\_\_ Other: \_\_\_\_\_

#### DEVICE MARKING

- PART NOT TO BE MARKED.  
 PART IS TO BE LABELED - AS INDICATED BELOW:



#### OTHER SPECIAL INSTRUCTIONS/REQUIREMENTS:

Please note all requested data may not fit on device label. The First Article Approval will denote final label layout.