Switchmode Transformer Custom Design Form

Company Name		**Name/Position**	
Address		**City**	
		Country	
		Zip/Postal Code	
Email Address		**Phone Number**	

Application		**Target Price**	
EAU		**Qty Desired**	
Your Part #		**Production Start**	
Name of Project			

Mechanical Requirements

Topology ETD   EFD   ER   EE   EPC   Other

SMD   PC   Vertical   Horizontal

Base   Case   Bobbin

Flyback   Forward Converter   Push Pull   Buck Boost   Buck   Boost

Pin or Lead Length	mm	**Pin Space**	Pin Row Distance
Operating Frequency	Khz	**Inductance**	L
Min Input Voltage		**Max Input Voltage**	
Duty Cycle		**Bias Voltage & Current**	
Dimensions	Length	Width	Height
Special Info/Features Required			

Electrical Requirements

Secondaries	Voltage	Current	Voltage	Current
	Voltage	Current	Voltage	Current

Values are   DC   AC

Ambient Temperature		**Temperature Rise**

Agency Standards Required   UL   CSA   TUV   CE

(Please attach applicable schematic drawings)

Please email or fax this completed form to: sales@signaltransformer.com | Fax: (516) 239-7208 | Phone: (866) 239-5777