

This work-up sheet is provided for your ordering convenience. It serves as a guide for specifying your headset. Please identify your requirements.

Date: _____

CONTACT INFORMATION

Customer Name / Title: _____
 Company Name: _____
 Address: _____
 Preferred Method of Contact: _____
 Phone Number: _____
 Product End User: _____
 Email: _____

HEADSET

Type: _____
 Color: _____
 Double-Sided Single-Sided

MICROPHONE

Type: _____
 Impedance: _____ Ohms
 Standard/Specifications: _____
 Mic Sensitivity: _____
 Mic Frequency Range: _____
 Do you require an amplified Mic? _____
 Amplification Require: _____
 Boom Type: Wire Flex Flex/Wire

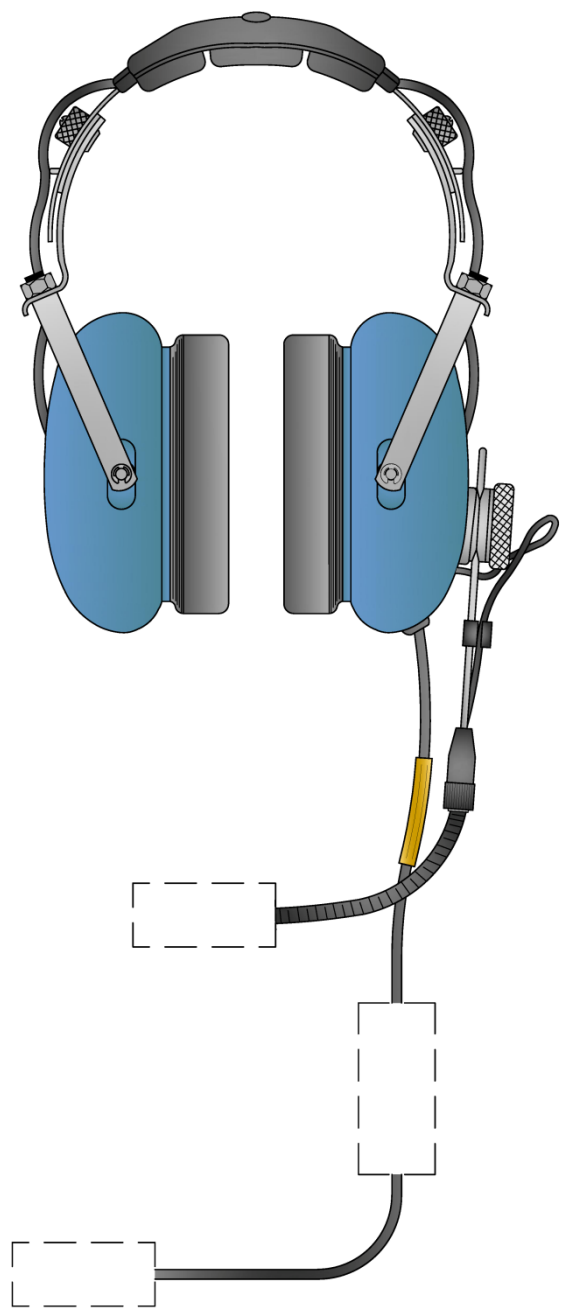
EARPHONE

Type: _____
 Impedance: _____ Ohms
 Standard/Specifications: _____
 Earphone Sensitivity: _____
 Earphone Frequency Response: _____

CORDSET

 Retractable (Coil) Straight
 Extended Length: _____ Ft.
 Termination: _____
 PTT Switch: Yes No

MAX WEIGHT: _____ oz.





HEADSET APPLICATION WORK-UP SHEET

ELECTRICAL SCHEMATIC

Please attach the wiring diagram for the headset in your reply.

Supply Voltage: ____ Volts thru ____ Ohms

Output Level: _____ mV

SPECIAL REQUIREMENTS

Please describe any special requirements here (Hardware, Headpad, Earpad, Special Environment, testing requirements etc):

DESCRIPTION OF APPLICATION

Please describe intended use for this product:

Once Completed, Send Form and Supplemental Information (Schematic, etc.) to sales@roanwellcorp.com.

If you have any technical questions, please contact our Engineering Department:

Email: engineering@roanwellcorp.com