

Please use this form to help provide the information needed for technical sales support with a product request for all standard products and customer designs for all high voltage ceramic capacitors.



GENERAL INFORMATION

Company Name: _____ Request Date: _____
Contact Name: _____ Response Required Date: _____
Email Address: _____ Build Location (City & Country): _____
Phone Number: _____ Final Application: _____

DESIGN REQUIREMENTS

Replace Existing Product? Yes No Manufacturer _____ Part # _____

Package Type: Radial Lead Axial Lead Doorknob
Required Package Dimensions: Diameter (D): _____ Thickness (T): _____ Lead Spacing (Ls): _____
Capacitance (pF): *Total capacitance required and/or unit capacitance* _____
Capacitance Tolerance (%): _____
Normal Operating Voltage (kV): *Typical expected operating voltage of the capacitor* _____
Maximum Voltage (kV): *Expected maximum voltage that will be applied to the capacitor* _____
Temperature Coefficient/Dielectric Material (ex. Y5P, NPO, etc.): _____
Desired Voltage Coefficient/Capacitance Loss Over Applied Voltage ($\Delta C/C\%$): _____
Peak Current Normal (kA): *Expected maximum discharge current during normal operation* _____
Peak Current Fault (kA): *Maximum current that can occur during incidental discharge* _____
Inductance (nH): *Approximate desired inductance of the capacitor* _____
RMS Current (A): _____

If Applicable

Charge Time (s): _____ Voltage Reverse Operational (%): _____
Hold Time (s): _____ Voltage Reverse Fault (%): _____
Discharge Time (s): _____

SCHEMATIC/WAVEFORM/ADDITIONAL NOTES