



HANDSET APPLICATION WORK-UP SHEET

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: _____

HANDSET

Type: _____

Color: _____

MICROPHONE

Type: _____

Impedance: _____ Ohms

Standard/Specifications: _____

Mic Sensitivity: _____

Mic Frequency Range: _____

Do you require an amplified Mic? _____

Amplification Require: _____

EARPHONE

Type: _____

Impedance: _____ Ohms

Standard/Specifications: _____

Earphone Sensitivity: _____

Earphone Frequency Response: _____

CORDSET

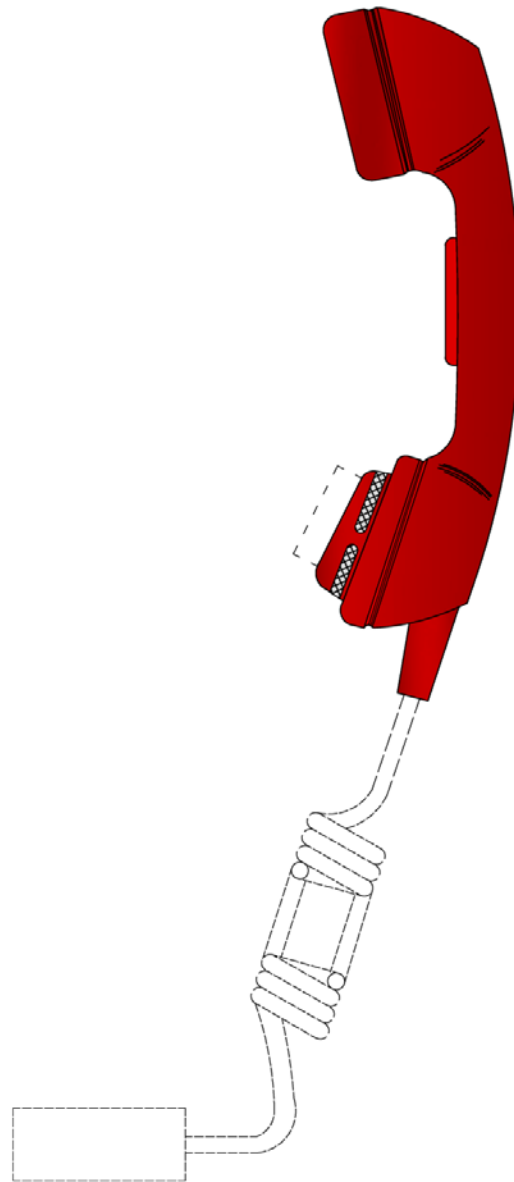
Retractable (Coil) Straight

Extended Length: _____ Ft.

Termination: _____

PTT Switch: Yes No

MAX WEIGHT: _____ oz.





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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