



OEM NEW PROJECT/PRODUCT REQUEST FORM

DATE: _____

SUBMITTED BY: _____

CUSTOMER: _____

Active

Prospect

PROJECT/PRODUCT TYPE:

New Product

Light Customization (minor changes to existing product)

Variation (major changes to existing product)

Carryover (existing product/new application)

BRIEF DESCRIPTION OF PRODUCT:

ESTIMATED ANNUAL UNITS _____

1st Year _____

2nd Year _____

3rd Year _____

ESTIMATED PROJECT TIMING:

SAMPLE DATE _____

PRODUCTION DATE _____



OEM NEW PROJECT/PRODUCT DEFINITION FORM

CUSTOMER:

ADDRESS:

VEHICLE NAME: **PROTOTYPE** _____ **FINAL** _____ **MODEL** _____

- | | | | |
|---------------------------------------|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Fire Apparatus | <input type="checkbox"/> School Bus | <input type="checkbox"/> Tow Truck |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Light Const. | <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Heavy Truck |
| <input type="checkbox"/> Cement Mixer | <input type="checkbox"/> Refuse | <input type="checkbox"/> Transit Bus | <input type="checkbox"/> Medium Truck |
| | <input type="checkbox"/> Forklift | <input type="checkbox"/> Manlift | <input type="checkbox"/> Other _____ |

INDUSTRIAL APPLICATION (IF APPLICABLE) _____

REQUESTED ECCO DEVICE/PRODUCT

- | | |
|--|---|
| <input type="checkbox"/> Back-up alarm | <input type="checkbox"/> Warning alarm |
| <input type="checkbox"/> Strobe light | <input type="checkbox"/> Audible signaling device |
| <input type="checkbox"/> Rotating beacon | |
| <input type="checkbox"/> Light bar | |
| <input type="checkbox"/> Forward horn | |

REQUESTED VOLTAGE

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 12 only | <input type="checkbox"/> 12-80 |
| <input type="checkbox"/> 12-24 | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> 12-48 | |

JOULE REQUIREMENT

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> 1.5 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8 | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | |

SAE CLASSIFICATION

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Class 1 | <input type="checkbox"/> Class 2 | <input type="checkbox"/> Class 3 |
|----------------------------------|----------------------------------|----------------------------------|

MOUNTING REQUIREMENT

- | | | |
|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Vacuum/Magnet | <input type="checkbox"/> Flush Mount | <input type="checkbox"/> Pipe |
| <input type="checkbox"/> Magnet | <input type="checkbox"/> Internal | <input type="checkbox"/> Flange |



OEM NEW PROJECT/PRODUCT DEFINITION FORM

CONNECTOR REQUIREMENT

New Existing Part No. _____

(See Connector drawings on Pages _ _) Note: Please review wire assembly and housing drawings to determine the actual length of wire from the outer housing to the end of the connector.

VEHICLE MOUNTING DEFINITION (IF APPLICABLE)

ALARMS/FORWARD HORNS

- Rear engine compartment
- Forward engine compartment
- Rear of chassis
- Rear of body
- Other _____

WARNING LIGHTS/LIGHT BARS

- Top of cab
- Rear of body
- Pipe mount near body/box
- Boom/manlift extension
- ROPS (roll-over protection system)
- Other _____

MOUNTING SURFACE CHARACTERISTICS:

- Steel Plastic Other

Is there concern by the customer or OE sales representative in regards to where the product is being mounted?

- No Yes Explain _____



OEM SAMPLE REQUEST FORM

CUSTOMER: _____

ADDRESS: _____

CUSTOMER REPRESENTATIVE: _____

DATE OF REQUEST: _____

DEFINITION OF REQUESTED PARTS: _____

WHAT PURPOSE: _____

PART NUMBER: CUSTOMER _____ **ECCO** _____

QUANTITY: _____

REQUESTED DELIVERY DATE: _____

EXPECTED DELIVERY DATE: _____

DRAWING TO BE SENT W/SAMPLES:

No Yes

ADDITIONAL REPORTS/TESTS:

No Yes

If yes, please explain: _____

“SHIP TO” ADDRESS _____

ATTENTION: _____

SPECIFIC SHIPPING INSTRUCTIONS: _____

IS CUSTOMER BEING CHARGED FOR SAMPLES?

No Yes

DOES CUSTOMER REQUIRE ECCO TO CONFIRM SHIPMENT?

No Yes

QUALITY ASSURANCE/RELIABILITY REQUIREMENTS

CUSTOMER:

NEW PROJECT/PRODUCT DESCRIPTION:

Will customer accept ECCO QA testing?

No Yes

If no, please describe additional requirements

PPAP REQUIREMENTS

Yes (if yes, attach a sample form)

No