Circuit Design Specialties, Inc.

PCB Layout Services Quote Request

Date: _____

Part Number _____Rev_____

Project Name _____

CDS is dedicated to providing high quality and accuracy in every PCB design project. In order to achieve this goal, we ask that you please complete the following form which will define the basic specifications needed to complete your layout.

Primary Design Input: Please provide the following (minimum)

A. Dimensioned board outline drawing including all mounting and tooling holes, connectors, any critical component locations, and any special clearances for restricted areas and/or hardware.

B. A parts list (BOM) that includes all reference designators, package descriptions, and the manufacturers' part number.

C. A complete, pinned-out copy of the schematic in .pdf format with reference designators defined.

D. Any special engineering notes or instructions that will affect the routing (including impedance controlled lines and high amperage signals).

Circuit Input:

Schematic capture system used: _____

Are connector pin assignments fixed ☐ YES ☐ NO

Is gate / pin swapping permitted ☐ YES ☐ NO

Component placement:

_____ Non-restricted _____ Suggested _____ Fixed

Is component placement drawing provided ☐ YES ☐ NO

Are there any components that must lay down ☐ YES ☐ NO
Please specify _____

Are there any special placement and orientation requirements ☐ YES ☐ NO
Please specify _____

Is component re-name required ☐ YES ☐ NO direction _____

Design Technology:

Line width / air gap: ☐ .012 / .013 ☐ .010 / .010 ☐ .008 / .008 ☐ .005 / .005 ☐ other_____

Are power and ground planes required ☐ YES ☐ NO

Specify any special power or ground plane requirements_____

Preferred number of layers for design _____ (include planes)

Maximum number of layers permitted _____ (include planes)

Layer Stack-up

Board Thickness (+/- .007): ☐ .031 ☐ .062 ☐ .093 ☐ .125 other_____

Layer #	*Description*	*Type*		*Copper weight*		
1	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
2	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
3	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
4	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
5	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
6	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
7	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
8	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
9	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____
10	_____	☐ Signal	☐ Plane	☐ 1 oz.	☐ 2 oz.	☐ other _____

Impedance controlled signals:

Please indicate the controlled signals and the impedance requested

_____
_____
_____

Any other special routing consideration:

_____
_____
_____

Solder Mask:

☐ Component side ☐ Solder side Type _____

Special exposed areas _____

Nomenclature: (additional text requirements - i.e. company name / logo, part numbers, board name etc.)

Top side silkscreen _____

Bottom side silkscreen _____

Top side etch _____

Bottom side etch _____

Please supply custom logos in DXF format
Email completed form to: pcbinfo@circuitdesign.com