

OPTICAL TEST GROUP (SD74) CUSTOMER AGREEMENT

1. Customer Agreement Number:		2. Task Agreement Number:		3. Date:																							
4. Requestor:		4a. Org. Code:	4a. Phone Number:	4c. E-Mail Address:																							
5. Point of Contact:		5a. Org. Code:	5a. Phone Number:	5c. E-Mail Address:																							
6. Project Name:				7. Project Code:																							
8. Test Article Number:			9. Start Date:		10. Duration:																						
11. Check Applicable Items: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Customer-Supplied Product</td> <td><input type="checkbox"/> Contamination Requirements</td> </tr> <tr> <td><input type="checkbox"/> Quality Monitoring</td> <td><input type="checkbox"/> 1238</td> </tr> <tr> <td><input type="checkbox"/> Program-Critical Hardware</td> <td><input type="checkbox"/> RGA</td> </tr> <tr> <td><input type="checkbox"/> Flight Hardware</td> <td><input type="checkbox"/> TQCM</td> </tr> <tr> <td><input type="checkbox"/> ESD Sensitive</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Special Handling Required</td> <td><input type="checkbox"/> Special Test Equipment (List Below):</td> </tr> <tr> <td><input type="checkbox"/> Test Data Required</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Electrical Interfaces</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mechanical Interfaces</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Environmental Requirements</td> <td></td> </tr> <tr> <td><input type="checkbox"/> X-Ray Requirements</td> <td></td> </tr> </table>						<input type="checkbox"/> Customer-Supplied Product	<input type="checkbox"/> Contamination Requirements	<input type="checkbox"/> Quality Monitoring	<input type="checkbox"/> 1238	<input type="checkbox"/> Program-Critical Hardware	<input type="checkbox"/> RGA	<input type="checkbox"/> Flight Hardware	<input type="checkbox"/> TQCM	<input type="checkbox"/> ESD Sensitive	<input type="checkbox"/> Other	<input type="checkbox"/> Special Handling Required	<input type="checkbox"/> Special Test Equipment (List Below):	<input type="checkbox"/> Test Data Required		<input type="checkbox"/> Electrical Interfaces		<input type="checkbox"/> Mechanical Interfaces		<input type="checkbox"/> Environmental Requirements		<input type="checkbox"/> X-Ray Requirements	
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12. Objective (Calibrate, Test, Verify):																											
13. SD74 Point of Contact:		13a. Phone Number:	13b. E-Mail Address:																								
14. Test Procedure Number:			15. Test Requirements Provided By: <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronics																								
16. Test Data Medium:																											
17. Requestor Approval:				17a. Date:																							
18. SD74 Representative Approval:				18a. Date:																							
19. SD74 Group Lead Approval:				19a. Date:																							