



Custom SMD Wideband Transformer Specification

Company: _____	Date: _____
Address: _____	Phone: _____
City, State, Zip: _____	Fax: _____
Contact: _____	
Program/Application: _____	Annual Volume: _____

Please indicate: Critical parameters

Electrical:

Frequency _____ MHz

Schematic: A B C D E

Impedance

Primary _____ ohms, Secondary _____ ohms

VSWR or return loss (dB)

Primary _____, Secondary _____

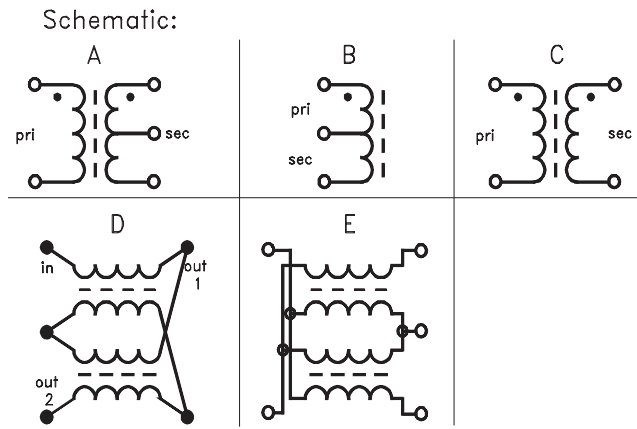
Bandwith

1 dB _____ MHz to _____ MHz

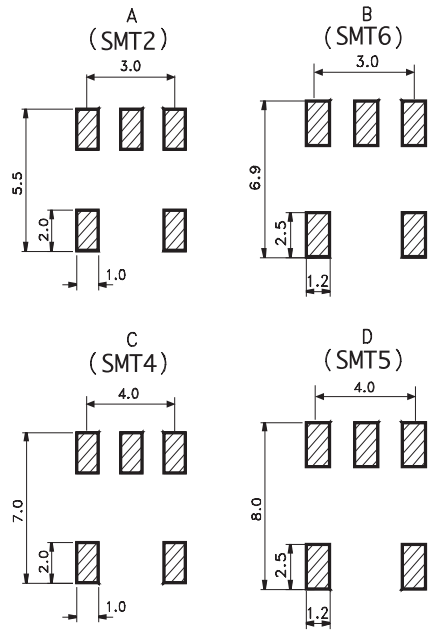
2 dB _____ MHz to _____ MHz

3 dB _____ MHz to _____ MHz

Mechanical: A B C D



Mechanical:



Additional information: