

DESIGN

REGISTRATION

FORM

Manufacturer:

Submitted by:

Email:

Date submitted:

Product liability concern:  
Yes No

Joint visit date:

INDUSTRIAL  
SOLUTIONS

For more information or  
questions please contact

David Foster  
[david.foster@sensata.com](mailto:david.foster@sensata.com)  
mobile: +1 (496) 925-8256

**DISTRIBUTOR INFORMATION**

Distributor Tracking No.

Name

Branch location (City, State)

Salesperson

Phone

Email

**END CUSTOMER INFORMATION**

Account Number

Name

Address

Country

City

State

Zip

Mfg. rep salesperson

Phone

Email

Supplier contact

Phone

Email

**PURCHASING CUSTOMER INFORMATION**

Account Number

Name

Address

Country

City

State

Zip

Mfg. rep salesperson

Phone

Email

Supplier contact

Phone

Email

**DESIGN CUSTOMER INFORMATION**

Account Number

Name

Address

Country

City

State

Zip

Mfg. rep salesperson

Phone

Email

Supplier contact

Phone

Email

## PROJECT INFORMATION

Status	Prototype date	Estimated production date
Project name		
Application description		EAU
		Board name
Project engineer	Phone	Email
Additional engineer	Phone	Email
Purchasing contact	Phone	Email

## PART NUMBERS FOR REGISTRATION

Part number	Distribution cost	Target resale
Description		Total part quantity
		Value 1st year production

Competition: Manufacturer	Part number	Resale
---------------------------	-------------	--------

Comment

Part number	Distribution cost	Target resale
Description		Total part quantity
		Value 1st year production

Competition: Manufacturer	Part number	Resale
---------------------------	-------------	--------

Comment

Part number	Distribution cost	Target resale
Description		Total part quantity
		Value 1st year production

Competition: Manufacturer	Part number	Resale
---------------------------	-------------	--------

Comment

## REGISTRATION INFORMATION - TO BE COMPLETED BY THE MANUFACTURER

Accepted	Rejected	Date	Registration #
Reason			Expires/Renewal date
Distributor account number			Distributor branch ID
Comments			