

### 1. APPLICATION OR PART TYPE

Audio Transformer

*Please sketch your package and circuit diagrams, if any, on page 2*

### 2. IMPEDENCE

♦ Primary Impedance: \_\_\_\_\_ Ohms

Center Tap?     Yes     No

♦ Secondary Impedance: \_\_\_\_\_ Ohms

Center Tap?     Yes     No

♦ More than 1 Secondary? \_\_\_\_\_

### 3. ELECTRICAL SPECIFICATIONS

♦ Input \_\_\_\_\_ Volts Max.

♦ Turns Ratio \_\_\_\_\_

♦ Max. mA DC Unbalanced in Primary \_\_\_\_\_ mA

♦ Low frequency -3 dB point \_\_\_\_\_ Hz

♦ High frequency -3 dB point \_\_\_\_\_ Hz

♦ Internal electrostatic shields required?     Yes     No

### 4. MOUNTING AND DIMENSIONS

♦ Max. Size    L \_\_\_\_\_  W or  Dia. \_\_\_\_\_ H \_\_\_\_\_ (inches)

♦ Mounting     SMT     Thru-hole     Bracket     Chassis     Other \_\_\_\_\_

♦ Mumetal enclosure required? \_\_\_\_\_

♦ Terminations \_\_\_\_\_

*Include tinning Dimensions on Self leaded or flying leads*

### 5. OTHER SPECIFICATIONS

		Voltage	AC	DC
♦ HiPot or DWV 60 Hz standard.....	<input type="checkbox"/> wdg:core			
	<input type="checkbox"/> wdg:case			
	<input type="checkbox"/> wdg:wdg			

♦ Insulation Resistance \_\_\_\_\_ Megohms Min. @ \_\_\_\_\_ VDC (test voltage)

♦ Oper. Temp. Range.... - \_\_\_\_\_ ° C Min. to + \_\_\_\_\_ ° C Max.

♦ Max. Temp Rise ..... + \_\_\_\_\_ ° C above + \_\_\_\_\_ ° C

♦ Encapsulation     Molded     Potted     Open     Varnish only     Conformal Coated

### 6. APPLICABLE SPECIFICATIONS

Military: MIL-PRF-27... Grade \_\_\_\_\_ Class \_\_\_\_\_

Space: MIL-STD-981..     Class S     Class B

Other MIL Spec ..... \_\_\_\_\_

Industrial Spec..... \_\_\_\_\_

### 7. YOUR CONTACT INFO

Your Name..... \_\_\_\_\_

Company..... \_\_\_\_\_

City, State ..... \_\_\_\_\_

Phone & Fax ..... \_\_\_\_\_

E-mail..... \_\_\_\_\_

**8. SKETCH YOUR PACKAGE AND CIRCUIT DIAGRAMS HERE**

**PROJECT OR PROGRAM NAME:**

Date:

**VANGUARD ELECTRONICS**

Phone: (714) 842-3330  
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**9. YOUR CONTACT INFO**

Your Name .....	_____
Company .....	_____
City, State .....	_____
Phone & Fax....	_____
E-Mail .....	_____