



**PROJECT INITIATION
NOTIFICATION SYSTEM FORM**

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| Project Registration Date (dd-mmm-yyyy) completed by EIA: | |
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Electronic Industries Alliance PINS: (01OCT2004)

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|--|--------------------------|--|--|
| 1. Project Number Assigned by EIA: | | | |
| 2. Final Published Document Number Assigned: | | | |
| 3. Title of Final Published Document: | | | |
| 4. Project Intent: (Check the applicable box(s) below) | | | |
| Create a New Document | | Modify Existing Document | |
| EIA Component Bulletin | <input type="checkbox"/> | Revise current published document | <input type="checkbox"/> |
| EIA standard | <input type="checkbox"/> | Revise and Redesignate current published document | <input type="checkbox"/> |
| Joint Industry Document | <input type="checkbox"/> | Revise, Redesignate and Consolidate current document | <input type="checkbox"/> |
| Create new American National Standard (ANSI) | <input type="checkbox"/> | Revise and Partition current document | <input type="checkbox"/> |
| Conduct Survey | <input type="checkbox"/> | Reaffirm current document | <input type="checkbox"/> |
| Other (Please explain↓) | <input type="checkbox"/> | Reaffirm and Redesignate current document | <input type="checkbox"/> |
| | | Supplement to a current document | <input type="checkbox"/> |
| | | Withdraw current document | <input type="checkbox"/> |
| 5. Estimated Project Completion Date (mmm yy):↓ | | Convert to Historical Document designation | <input type="checkbox"/> |
| | | Other (Please explain↓) | <input type="checkbox"/> |
| 6. Description of Contents of Document: (Provide a one paragraph description, not to exceed 500 characters.) | | | |
| | | | |
| 7. Units of Measurement Used: (check applicable boxes→) | | <input type="checkbox"/> Metric | <input type="checkbox"/> US <input type="checkbox"/> Non-Measurement Sensitive |
| 8. Formulating Body (Organization, Committee/Subcommittee Title and Acronym): | | | |
| 9. Designated Formulating Group Project Author/Editor/Leader: (Specify name and complete contact information, address, phone, email, etc. If none is indicated, Default Project Point Contact will be Formulating Group Chair as completed in 9. below.) | | | |
| Name: | | Phone: | |
| Organization: | | Fax: | |
| Address: | | Email: | |
| City, ST, Zip: | | | |
| 10. Formulating Group Chair: (Specify name and complete contact information, address, phone, email, etc.) | | | |
| Name: | | Phone: | |
| Organization: | | Fax: | |
| Address: | | Email: | |
| City, ST, Zip: | | | |