



**PROJECT INITIATION
NOTIFICATION SYSTEM FORM**

Project Registration Date (dd-mmm-yyyy) completed by EIA:	18-May-2005
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Electronic Industries Alliance PINS: (01OCT2004)

1. Project Number Assigned by EIA:	PN-5100		
2. Final Published Document Number Assigned:	EIA 757-A		
3. Title of Final Published Document:	Visual and Mechanical Inspection for Molded Solid Tantalum Chip Capacitors		
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 checked="" 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 checked="" type="checkbox"/>	Revise and Partition current document	<input type="checkbox"/>
Conduct Survey	<input type="checkbox"/>	Reaffirm current document	<input checked="" 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 Estimated Project Completion Date (mmm yy):		Convert to Historical Document designation	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"/>
May 06		Other (Please explain)	<input type="checkbox"/>

6. Description of Contents of Document: (Provide a one paragraph description, not to exceed 500 characters.)
 Reaffirm the spec as it is written

7. Units of Measurement Used: (check applicable boxes) Metric US Non-Measurement Sensitive

8. Formulating Body
 (Organization, Committee/Subcommittee Title and Acronym): P2.5

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:	David Richardson	Phone:	
Organization:	Vishay	Fax:	
Address:		Email:	
City, ST, Zip:			

10. Formulating Group Chair: (Specify name and complete contact information, address, phone, email, etc.)

Name:	David Richardson	Phone:	
Organization:	Vishay	Fax:	
Address:		Email:	

City, ST, Zip:			
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