



New Feature Request Form

Requestor Information		<i>(Please fill in the green shaded area) (Optimized for Acrobat Reader DC)</i>	
Requestor: Phone: Email:	Company: Address: City, State, Zip:		
Description		<i>(Describe the new feature including the desired outcome and any impacts to other equipment)</i>	
Other Requirements – Downstream / Upstream Interfaces			
Supporting Documents			
Document #: Title:			
Requestor's Signature		Create Date	
Digital Alert Systems Information		<i>(For Internal Use Only)</i>	
Date Received:			
Impact			
Regulatory Compliance? Yes No	General Improvement? Yes No	Custom Development - NRE (Details Below) Yes No	
Custom Development - NRE		Customer NRE Approval	
Time Estimate	Days Weeks Months	PO Number:	
Cost Estimate (T & M) \$		NRE Approval Date:	
Impact Cost \$		NRE Contact:	
\$ _____	Total NRE	NRE Approval Signature	
Disposition		Evaluators	
Request Approved? Yes No		Name:	Department:
By:		Name:	Department:
Date:		Name:	Department:
Approval Signature:		Name:	Department:

When submitted the document constitutes a formal request and you agree: (1) your submissions and their contents along with related intellectual property rights will automatically become the property of Digital Alert Systems (DAS), without any compensation; (2) DAS may use or redistribute the submissions and their contents for any purpose and in any way on an unrestricted basis; (3) there is no obligation for DAS to review the submissions; and (4) there is no obligation to keep any submissions confidential.