

## QUALIFICATION TESTING NOTIFICATION

(required for each device type to be used as a QML test vehicle)

**Section I**  
**(to be completed by manufacturer and submitted to DSCC-VQH)**

Company Name and Mailing Address: \_\_\_\_\_

U. S. Military General Specification: **MIL-PRF-38534**

Conversion of Customer Requirements Document (w/revision): \_\_\_\_\_

Generic Flowchart (w/revision): \_\_\_\_\_

Baseline Document Listing (w/revision): \_\_\_\_\_

NOTE: No deviations or waivers to the above specification or test requirements are permitted without prior approval from DSCC-VQH

**Product Identification**

<u>Quantity</u>	<u>Drawing</u>	<u>Manufacturer's Designation</u>	<u>Assembly Lot I.D.</u>

**Purpose of Test**

Initial Qualification:       Material or Process Change:       Other: \_\_\_\_\_

Class: \_\_\_\_\_

Full Qualification:       Substrate Attach:       Wire Bonding:       Rework:

Substrate Fabrication:       Die Attach:       Package Seal:       Other: \_\_\_\_\_

**Items Submitted with this Form**

Proposed Test Plan Document (w/revision): \_\_\_\_\_

Screening Travelers (w/revision): \_\_\_\_\_

Qualification Travelers (w/revision): \_\_\_\_\_

Proposed Rework Plan with Flow (dated): \_\_\_\_\_

Substrate Fabrication Travelers (w/revision): \_\_\_\_\_

Assembly Travelers (w/revision): \_\_\_\_\_

Engineering Evaluation: \_\_\_\_\_

VQH-42H Form (dated): \_\_\_\_\_

Assembly Drawing Document (w/revision): \_\_\_\_\_

Bill of Materials (w/revision): \_\_\_\_\_

Milestone Chart (dated): \_\_\_\_\_

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Estimated completion date: _____		Estimated test report submission date: _____	
<b>Manufacturing and Test Facility Location</b>			
Substrate Fabrication:		Assembly:	Manufacturer's In-Plant Test:
<b>Outside Test Laboratory</b> <b>(manufacturer required to send VQH-19H form with qualification devices)</b>			
Laboratory name and location:		Tests performed for each location:	
<b><u>Manufacturer Representative</u></b>			
Name (print or type):	Signature:	Title:	Date:
<b>Section II</b> <b>(to be completed by DSCC-VQH)</b>			
DSCC letter number:	Test Report number:	In reply refer to:	Date:
QAR, please verify the following:		This signed form constitutes the letter of delegation for the Government representative:	
		<hr style="width: 80%; margin-left: 0;"/> Chief, Hybrid Devices Team Sourcing and Qualifications Unit	
<b>Section III</b> <b>(to be completed by the manufacturer and submitted to DSCC-VQH with the test report)</b>			
I certify that our quality assurance has verified that all tests described in the report were performed as specified and in accordance with the requirements of the military specifications and standards. I certify that this lot was manufactured to the DSCC-VQH approved baseline at the location indicated above.			
<b><u>Manufacturer Representative</u></b>			
Name (print or type):	Signature:	Title:	Date:
Subgroup failures (list all failure modes encountered, and where applicable, the cause. Include any abnormalities in testing):			