**Mask Order Form**

**Send data to digidat@digidat.com**

**Tel: (626)440-0010**

**Fax: (626)440-7004**

|  |  |  |  |
| --- | --- | --- | --- |
| Company: | U.C. Santa Barbara | Date: |  |
| Name of Requester: |  | P.O. Number: |  |
| Phone Number: |  | File Name: |  |
| e-mail Address: |  | Product Code (e.g. 5090D): | <Get from quote> |
| Fax Number: |  |  |
| Deliver Masks to: |  |
| Address: | University of California |
|  |  |
|  | Santa Barbara, CA 93106 |

 **Reticle / Mask Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GDSII Level | Title to Appear on Mask | Topcell StructureName | Chrome Side DownReadingR-RightW-Wrong | Polarity(Digitized/ Drawn Areas to be Clear or Dark) | Reticle/Mask (Critical Dimension) |
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 **Special Instructions:**

 **1. Data is wafer-scale (1x), intended for 4x reticle for ASML 5500/300 DUV stepper**