**USB-IF PIL Visit Request Form**
**Address:**
**USB-IF Platform Integration Lab (PIL)**
**c/o SpecWerkz LLC,**
**1060 NE 25th Avenue, Suite D**
**Hillsboro, Oregon 97124**

**Company Name:**_____

**Product Contact Name:** _____

**Product Contact Email:** _____

**Product Marketing Name:** _____

**Component Design (USB Data, USB PD, and USB Type-C™)**
☐ Integrated Components
☐ Discrete Components
☐ Discrete Components contained within the same package

**Vendor Info File submitted?** ☐ Yes    ☐ No
(Submit Vendor Info File and Picture of your product with the request form for each port on the product.  This is mandatory for PIL registration.)

Product description

If requesting End Product USB-IF Certification, what certified silicon is this product based on (Please include all TID numbers for certified Silicon in the product)

Are you visiting the PIL to certify your device or is this for informational purposes?

☐ Testing for USB-IF certification          ☐ Testing for information only

Preferred week to visit the USB-IF Platform Integration Lab:

First choice (month and days):          Second Choice (month and days):
Number of days requested:                Number of days requested: