

PCCX-EVAL-013 (Rev. 05/2026)	PCCX BUSINESS RECORD - FOR COUNSEL / ACCOUNTING REVIEW AND EXECUTION	PCCX.AI				
PCCX	STRATEGIC CUSTOMER EVALUATION REQUEST PCCX BUSINESS RECORD	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold;">FILED / INDEXED</td> </tr> <tr> <td style="text-align: center;">DATE: _____</td> </tr> <tr> <td style="text-align: center;">PCCX RECORDS UNIT</td> </tr> <tr> <td style="text-align: center;">REC. NO. _____</td> </tr> </table>	FILED / INDEXED	DATE: _____	PCCX RECORDS UNIT	REC. NO. _____
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DATE: _____						
PCCX RECORDS UNIT						
REC. NO. _____						

PRIMARY INFORMATION		DOCKET / CONTROL INFORMATION	
Business:	PCCX Business (PCCX / pccx.ai)	Record No.:	PCCX-____-____-_____
Website:	https://pccx.ai	Matter No.:	_____
Contact:	contact@pccx.ai	Confidentiality:	<input type="checkbox"/> Public <input type="checkbox"/> Confidential <input type="checkbox"/> Privileged
Prepared By:	_____	Retention Class:	<input type="checkbox"/> 3Y <input type="checkbox"/> 5Y <input type="checkbox"/> 10Y <input type="checkbox"/> Permanent
Record Date:	___ / ___ / _____	Storage Location:	PCCX Business / _____
CUSTOMER INFORMATION		COMMERCIAL CONTROL	
Company:	_____	Request Type:	<input type="checkbox"/> Evaluation <input type="checkbox"/> NRE <input type="checkbox"/> ASICKit <input type="checkbox"/> Support
Contact:	_____	NDA Status:	<input type="checkbox"/> Not Started <input type="checkbox"/> Pending <input type="checkbox"/> Executed
Email:	_____	Production Use:	<input type="checkbox"/> No <input type="checkbox"/> Requested
Use Case:	_____	Tape-out Right:	<input type="checkbox"/> No <input type="checkbox"/> Requested
Target Board / ASIC:	_____	Evidence Gate:	<input type="checkbox"/> Required
Model / Workload:	_____	Assigned Owner:	_____

REQUESTED DELIVERABLES

NO.	ITEM	RESPONSE
1	Architecture briefing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
2	Interface review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
3	Feasibility memo	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
4	FPGA bring-up plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
5	Benchmark form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
6	Integration support window	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
7	ASIC migration review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____
8	Commercial license discussion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes: _____

TECHNICAL REQUIREMENTS

REQUIREMENT	TARGET	EVIDENCE REQUIRED	CURRENT STATUS	OWNER

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CUSTOMER PROBLEM STATEMENT

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EVALUATION TERMS SUMMARY

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1. Evaluation access, if granted, is for review and testing only unless a separate production license is executed.
2. No redistribution, sublicensing, model-weight transfer, or tape-out right is granted by this request form.
3. Performance and hardware-readiness statements must be supported by written evidence before being included in public or contractual materials.
4. Confidential materials must be exchanged under an executed NDA or other written agreement.
5. Pricing, delivery dates, and support levels require a separate order form or work order.

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EXECUTION / CERTIFICATION

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By signing below, the signer certifies that the information provided in this record is complete and accurate to the best of the signer's knowledge, and that the signer has authority to execute this record in the stated capacity.

CUSTOMER REQUESTER			
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Signature	Printed Name	Title / Capacity	Date

Electronic signature / audit trail ID (if any): _____

PCCX COMMERCIAL REVIEWER			
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Signature	Printed Name	Title / Capacity	Date

Electronic signature / audit trail ID (if any): _____

STRATEGIC CUSTOMER EVALUATION REQUEST - INSTRUCTIONS AND REVERSE SIDE

1. Use this form before disclosing private ProCore, ASICKit, benchmark, or integration materials.
2. Keep evidence-gated wording. Do not promise production readiness, bitstream success, timing closure, or throughput without supporting records.
3. Attach NDA status, technical requirements, and known blockers.

REQUIRED OR RECOMMENDED ATTACHMENTS

NO.	ATTACHMENT	REQUIRED	STORAGE / EXHIBIT ID
1	NDA	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
2	Technical requirements	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
3	Evaluation scope	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
4	Evidence-gate notes	<input type="checkbox"/> Required <input type="checkbox"/> Optional	

EXECUTION / CERTIFICATION

PREPARER			
Signature	Printed Name	Title / Capacity	Date
Electronic signature / audit trail ID (if any): _____			
REVIEWER			
Signature	Printed Name	Title / Capacity	Date
Electronic signature / audit trail ID (if any): _____			