



Supplier Use

Supplier Name and Address

HA and or supplier part name and part number of Assembly and it's components

Other special marks identifying part

Control Item Affected?

Yes No

Description of Change: Design Composition Processing Weight

Effect of Change

Interchangeability Affected

Assembly Yes No
Components Yes No

Time Required to implement change after approval:

Tooling or facility changes required?

Yes No
If Yes Cost effect \$'s

Will incorporation of change affect shipping schedule?
 Yes No

Signature: _____
Supplier Representative

Piece Cost Effected?
 Yes No
If Yes, cost effect \$'s

HA Quality Use:

Approved* Release Action Required Rejected

Design Engineer

Signature _____

Date _____

Manufacturing Engineer

Signature _____

Date _____

Blanket approval Granted for subsequent changes that are same as described above
 Yes No

Supplier Checklist Attached?
 Yes No

Sample of changed component required?
 Yes No

Reason for rejection or qualifying conditions of acceptance

Reviewed By:

HA Quality _____

Date _____

HA Purchasing _____

Date _____

This approval is granted upon the understanding that it is advisory in nature and in no manner changes the seller's original responsibility for insuring that all characteristics designated in the applicable engineering specification and or inherent in the samples as originally tested and approved, are maintained. Seller accepts full responsibility for the changes or types of changes listed above; and should such changes result in less than satisfactory performance than experienced with the originally approved item, seller will fully reimburse the buyer for all expenses incurred to correct the deficiency.