



SUPPLIER PROCESS CHANGE REQUEST

AFX SPCR# _____

SUPPLIER NAME, ADDRESS AND PHONE NUMBER CONTACT PERSON	PART#: _____ PART NAME: _____ ENG. DWG#: _____ REV: _____ DATE: _____
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<input type="checkbox"/> Design Change <input type="checkbox"/> Supplier Change <input type="checkbox"/> Material Change <input type="checkbox"/> Manufacturing Method Change	<input type="checkbox"/> Process Order Change <input type="checkbox"/> Machine Change <input type="checkbox"/> Jig / Tool Change <input type="checkbox"/> Die / Mold Change	<input type="checkbox"/> Inspection Method Change <input type="checkbox"/> Transportation / Packaging Change <input type="checkbox"/> Other (Description Required)
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HOW CHANGED (Include Sketch):

COST IMPACT? YES NO (If yes, please attach detail.)

REASON FOR REQUEST?

Estimated IPP Date

SUPPLIER QUALITY MANAGER SIGNATURE: _____ DATE: _____

AFX APPROVAL / DIRECTION TO PROCEED

COMMENTS OR REQUERIMENTS: _____

PPAP REQUIRED
LEVEL 1 2 3 4 5
(Circle one)

Check Signature if required:	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Product Eng.	<input type="checkbox"/> Manufact. Eng.	<input type="checkbox"/> Quality Eng.
	Date: _____	Date: _____	Date: _____	Date: _____

QUALITY / SQE MANAGER: APP'D REJECT SIGNATURE _____ DATE _____