|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| REQUESTOR: |  | SUPPLIER: |  | DATE SUBMITTED: |  |
| PRIORITY: Urgent High Normal Low | | | | | |
| SUPPLIER KEY CONTACTS: | | | | | |
| NAME: | ROLE: | PHONE #: | EMAIL: | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |

|  |  |  |
| --- | --- | --- |
| PRODUCT DETAILS: | | |
| PART NUMBER: | PROGRAM: | PART DESCRIPTION: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| REQUEST DETAILS: | | | |
| TYPE OF CHANGE (Check all that apply) | | | |
| Design/Drawing | 1. Any change to the fit-form-function of a part 2. Any material change 3. Any change that is outside of current print specification/tolerance 4. A part number revision would be required 5. New tool | | |
| Packaging | 1. Create/add packaging or WIP 2. Update Manufacturing BOM | | |
| Process | 1. Any change affecting an internal process, does not affect print 2. A part number revision would not be required | | |
| DESCRIPTION OF CHANGE: | | | |
| RISK DESCRIPTION (Include risk of implementing and not implementing): | | | |
| IMPLEMENTATION TARGET DATE: | | COST AFFECTED? Yes No | OTHER SUPPLIERS AFFECTED? Yes No |
| MATERIAL DISPOSITION:  Running Change? Yes No  Obsolescence? Yes No  Reimbursable? Yes No  Service Only? Yes No  Interchangeability? Yes No | | | |

Submit request to JAC quality engineer, JAC supplier quality engineer, and JAC change manager.