



# Process Change Request

Supplier Information		Part Information	
Company Name		Part Number	
Requestor Name		Part Name	
Requestor E-mail		Date Submitted	

Change Details					
Duration	<input type="checkbox"/> Temporary	Begin Date		Begin PO #	
	<input type="checkbox"/> Permanent	End Date		End PO #	
Type of Change	<input type="checkbox"/> Mfg Process	<input type="checkbox"/> Mfg Location	<input type="checkbox"/> Die/Tooling	<input type="checkbox"/> Sub-Supplier	
Currently Approved Process / Sub-Supplier					
Proposed Process / Sub-Supplier					
Reason for Change					

Qualification Plan / Schedule	Planned Date	Actual Date	Signature
1)			
2)			
3)			
4)			

Supplier Approvals			
Title	Name	Signature	Date
Quality Manager			

Sur-Seal Response			
Sur-Seal customer approval required: <input type="checkbox"/> Yes* <input type="checkbox"/> No		Estimated date of customer response:	
<i>* WHEN APPLICABLE, SUR-SEAL CANNOT PROVIDE A JUDGEMENT OF ACCEPTABILITY UNTIL THE REQUESTED CHANGE IS APPROVED BY SUR-SEAL'S CUSTOMER</i>			
<input type="checkbox"/> <b>The change is approved as requested, with below data and actions required</b>		<input type="checkbox"/> <b>The change is NOT approved for the reasons listed below</b>	
<input type="checkbox"/> New Part Approval (PSW attached)		Additional Requirements/Explanation:	
<input type="checkbox"/> Process Flow Chart			
<input type="checkbox"/> Process Control Plan			
<input type="checkbox"/> Sample Parts w/ Initial Sample Inspection Report			
<input type="checkbox"/> Other:		Sur-Seal Approval:	
		Date:	Signature: