

<b>ARCONIC</b>	<b>DOC #:</b> 700.004.001F03 <b>REL DATE:</b> 3/8/2018 <b>REV:</b> 000	<b>*N00391707*</b>
<b>TITLE:</b> SUPPLIER CHANGE REQUEST		

<b>SUPPLIER CHANGE REQUEST</b>								
This section to be completed by Supplier - Please Type								
Submitted To:	Arconic Plant:	Date:						
Supplier Name:	Address:	Phone Number:						
Material, Product or Service Description:	Arconic Specification:	Test Results Included: Yes <input type="checkbox"/> No <input type="checkbox"/>						
Type of Change: Manufacturing Process / Method <input type="checkbox"/> Manufacturing Location <input type="checkbox"/> Subcontractor <input type="checkbox"/> Materials <input type="checkbox"/> Other:	Arconic Plant(s) Affected:  Fixed Process Control Plan ID# Affected:							
Proposed Change:	Implementation Timing:							
Reason for the Change:								
Impact of the Change:	Quality Containment Actions:							
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 45%; text-align: center;">_____</td> <td style="border: none; width: 25%; text-align: center;">_____</td> <td style="border: none; width: 30%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Signature of Supplier's Authorized Representative</td> <td style="border: none; text-align: center;">Name</td> <td style="border: none; text-align: center;">Title</td> </tr> </table>			_____	_____	_____	Signature of Supplier's Authorized Representative	Name	Title
_____	_____	_____						
Signature of Supplier's Authorized Representative	Name	Title						
THIS AREA TO BE COMPLETED BY ARCONIC POWER & PROPULSION PERSONNEL								
Customer Review / Approval Required: Yes <input type="checkbox"/> No <input type="checkbox"/> EH&S Review / Approval Required: Yes <input type="checkbox"/> No <input type="checkbox"/>								
Required MCL II-L Test Results: Passed <input type="checkbox"/> Failed <input type="checkbox"/> Date: _____								
Change Request Disposition:    Approved <input type="checkbox"/> Rejected <input type="checkbox"/>								
Disposition Details:								
_____ Quality Manager                      Date	_____ Buyer                                      Date	_____ Engineer                                      Date						
_____ Plant Process Owner                      Date	_____ Corporate Process Owner                      Date	_____ BU SQA                                      Date						