

TO: TMI QC
AT: _____

FAX: _____
PARTS SUPPLIED TO:
 HARRODSBURG MODESTO
 BARDSTOWN LAWRENCEVILLE
 NICHOLASVILLE TORREON
 LEITCHFIELD ELMIRA
 DEVELOPMENT
REASON FOR SUBMISSION:
 INITIAL SUBMISSION → PRGRM NAME / # _____
 CONTACT NAME CHANGE
 ADD NEW LOCATION
 NEW SUPPLIER
 ADDRESS CHANGE
 SUPPLIER NAME CHANGE → PREVIOUS NAME _____

SUBMISSION DATE: _____

SUPPLIER QUALITY ASSURANCE CONTACTS

SUPPLIER NAME: _____		SUPPLIER ADDRESS: _____	
SUPPLIER PRODUCT: _____		_____	
	NAME	ADDRESS	CONTACT NUMBERS
SUPPLIER REPRE- SENTATIVE	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
	TITLE: _____		
SQAM CONTACT	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____
	TITLE: _____		
	MANUAL #: _____		
QUALITY MANAGER	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
QUALITY ENGINEER	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
	PART(S): _____		
	MODEL(S): _____		
QUALITY ENGINEER	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
	PART(S): _____		
	MODEL(S): _____		
QUALITY ENGINEER	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
	PART(S): _____		
	MODEL(S): _____		
1st SHIFT CONTACT	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
2nd SHIFT CONTACT	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
3rd SHIFT CONTACT	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
PRODUCT RETURN CONTACT	NAME: _____	SHIPPING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
NEW PROJECT QUALITY CONTACT	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____
QUALITY RESIDENT ENGINEER	NAME: _____	MAILING ADDRESS: _____	TEL: () _____ FAX: () _____ E-MAIL ADDRESS: _____ EMERGENCY #: _____

SUPPLIER REPRESENTATIVE SIGNATURE

/ /
DATE

