***THIS FORM SHALL BE USED TO REQUEST ANY DESIGN, PROCESS, OR OTHER CHANGE TO ANY TRU-DESIGNED ITEM PROVIDED TO TRU BY A SUPPLIER. PLEASE NOTE THAT ALL SECTIONS MUST BE COMPLETED OR ANNOTATED “N/A”. IF SUPPORTING DOCUMENTATION IS AVAILABLE AT TIME OF REQUEST PLEASE ATTACH AND SUBMIT.***

|  |
| --- |
| **Change Request** |
| Company Name:       |
| Requestor:       | Date of Request:       |
| Part Number Affected:       |  |  |
| Change Request Justification:       |
| Description of requested change (Proposed Action):       |
| Design (Form, Fit, Function, etc) or Process Change:       |
| Affect on current production (if yes, explain): Yes [ ]  No [ ]        |
| Supporting documentation attached: Yes [ ]  No [ ]   |
| Requestor Approval Authority (Signature/Title):      **SUPPLIER: SUBMIT TO BUYER. TRU MANUFACTURING: SUBMIT TO ERP PROJECT ENGINEERING MRB REP OR ALTERNATE** |
| **To Be Completed by TRU ERP Engineering MRB Delegate or Alternate*****SUBMIT TO FUNCTIONAL ENGINEERING GROUP FOR ANALYSIS AND ACTION***  |
| NC Number:       |
| Item Change Request Approve/Reject: Approve [ ]  Reject [ ] Rejection Justification:       |
| Item Change Request Approval (Print, Sign, and Date) |
| TRU Project Engineering:       | TRU Quality:       |

**RETURN TO QUALITY ADMINISTRATION AFTER COMPLETION**