***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**