

POWERS AND SONS CONDITIONAL APPROVAL NOTICE – Section 3

POWERS AND SONS
CONDITIONAL APPROVAL NOTICE

PART NO.:	_____	CHECK ONE:	<input type="checkbox"/> FORGING	<input type="checkbox"/> STAMPING
PART NAME:	_____		<input type="checkbox"/> MACHINED	<input type="checkbox"/> PLASTIC
PROGRAM:	_____		<input type="checkbox"/> RUBBER/SEAL	<input type="checkbox"/> _____
SUPPLIER:	_____	CHECK ONE:	<input type="checkbox"/> PLASTER	<input type="checkbox"/> PPAP
			<input type="checkbox"/> PROTOTYPE	<input type="checkbox"/> _____

QUALITY ASSURANCE APPROVAL

ENGINEERING APPROVAL

APPROVED:	_____	_____
TITLE:	_____	_____
DATE:	_____	_____

YOUR SUBMISSION FOR THIS PRODUCT HAS BEEN CONDITIONALLY APPROVED. PLEASE REFER TO THE FOLLOWING NOTES AND RESPOND AS INDICATED TO ACHIEVE FULL APPROVAL.

Example of current version for reference only

SUPPLIER ACKNOWLEDGEMENT: _____

DATE: _____

PLEASE SIGN, DATE AND REMIT TO QUALITY ASSURANCE PERSONNEL THIS FORM FOR APPROVAL
FAX NO.: (419)-485-8285

CC: _____

POWERS AND SONS
DISAPPROVAL NOTICE

PART NUMBER: _____	CHECK ONE: <input type="checkbox"/> FORGING <input type="checkbox"/> STAMPING
PART NAME: _____	<input type="checkbox"/> MACHINED <input type="checkbox"/> PLASTIC
PROGRAM: _____	<input type="checkbox"/> RUBBER/SEAL <input type="checkbox"/> _____
SUPPLIER: _____	CHECK ONE: <input type="checkbox"/> PLASTER <input type="checkbox"/> PPAP
	<input type="checkbox"/> PROTOTYPE <input type="checkbox"/> _____

NON-CONFORMANCE ISSUES

CHARACTERISTIC	SPECIFICATION	RESULTS

Example of current version for reference only

Disapproved: _____	Please correct the above discrepancies. Re-submit samples and PPAP to Quality Assurance Personnel. Fax No.: (419)-485-8285
Title: _____	
Date: _____	

SUPPLIER ACKNOWLEDGEMENT: _____

DATE: _____

PLEASE SIGN, DATE AND REMIT TO QUALITY ASSURANCE PERSONNEL THIS FORM AS NOTED ABOVE
FAX NO.: (419)-485-8285

CC: _____