

Process Change Request Form (PCR)

The Process Change Request (PCR) Form must be used by the supplier to notify AF Gloenco of a request for change to the manufacturing location, purchased product, parts/assemblies, associated packaging, design, materials, manufacturing facility location or manufacturing/test/inspection processes. The request allows AF Gloenco to document, review and determine risks associated to AF Gloenco processes and products. Part samples may be required for approval prior to approval of any changes. The PCR form must be received at least 3 weeks (6 weeks for a manufacturing location change), plus normal lead time, prior to the target date for the implementation of the change.

Supplier:	Requested by:
Part Name:	Phone Number:
Part Number:	Submitted to:
Target Ship Date:	Date Submitted:

Change Description (Mark Applicable Items)

<input type="checkbox"/> Design Change	<input type="checkbox"/> Process/Equipment Change
<input type="checkbox"/> New Sub-Supplier	<input type="checkbox"/> Tooling Change
<input type="checkbox"/> Material Change	<input type="checkbox"/> Mfg. Location Change (6 weeks notification req'd)
<input type="checkbox"/> Mfg. Method Change	<input type="checkbox"/> Packaging Change
<input type="checkbox"/> Inspection/Test Change	<input type="checkbox"/> Other Change

Supplier - Describe Change (attach additional pages as required)

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AF Gloenco Comments and/or Recommendations:

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If Checked Trials and/or Samples are Required

AF Gloenco Engineering:	Date:
AF Gloenco Quality Engineer:	Date:
AF Gloenco Buyer:	Date: