



TRITON
MANUFACTURING COMPANY

Process Change Request

SECTION 1: CHANGE DESCRIPTION (To be completed by Supplier)

Part No:	Part Description
Supplier Name:	
Address:	
City, State, Zip:	

Reason for Change:

Detail Description of Change (Provide attachments if necessary: i.e. marked print)

Change Type <input type="checkbox"/> Print Change <input type="checkbox"/> Process Change - Permanent <input type="checkbox"/> Process Change - Temporary <input type="checkbox"/> Short-term deviation Time-Frame Requested <input type="checkbox"/> Cost Reduction	Effects: (Attach detail, when necessary) Yes / No <input type="checkbox"/> <input type="checkbox"/> Interchangeability <input type="checkbox"/> <input type="checkbox"/> Shipping Schedule <input type="checkbox"/> <input type="checkbox"/> Appearance, Quality, or Function <input type="checkbox"/> <input type="checkbox"/> Other
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Requested By:	Authorized Signature	Telephone / Ext.	Date
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SECTION 2: CHANGE DISPOSITION (Triton Manufacturing Use Only)

Approve Reject <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ Engineering Date _____ Buyer Date _____ Quality Manager Date	Reason for rejection or qualifying conditions of acceptance: _____ _____ _____
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Triton ECN #	Customer notification required	<p>This form must be completely filled out by the supplier with all change requests and submitted to Triton engineering. Process changes are not to be implemented without the authorization from Triton.</p> <p>Change requests are subject to approval from Triton Manufacturing and approval from Triton customers.</p>
	<input type="checkbox"/> No <input type="checkbox"/> Yes	