

NEW PART ENTRY FORM

New
 Change
 Add
 Remove
 Data Sheet Attached

| | | | |
|---|--|---|-------------------|
| Requested By: | | Date of Request: | Date Required By: |
| Used On Product: | | Suggested Description: | |
| New Part Number: | | Part Number Description: | |
| Primary Manufacturer's Name | | Primary Manufacturer's Part Number | |
| Suggested Distributor or Vendor | | | |
| Vendor Name: Optional: Vendor Number: Contact: Phone #: | | Cost (unburdened) 100 pcs: 1000 pcs: Or Min qty: Other: | |
| CPN # of existing part similar to the new part: | | | |
| Secondary Manufacturer's Part Number | | Manufacturer's Name | |
| Suggested Distributor or Vendor | | | |
| Vendor Name: Optional: Vendor Number: Contact: Phone #: | | Cost (unburdened) 100 pcs: 1000 pcs: Or Min qty: Other: | |
| Is Part Single Sourced? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If YES give reason: | | | |
| <input type="checkbox"/> Part is Custom made <input type="checkbox"/> Part Has Non-Recurring Change <input type="checkbox"/> Part is not Officially Released For Manufacturing <input type="checkbox"/> Part is unique & only available from one source <input type="checkbox"/> Details & Quotes Attached | | | |
| Single Sourced Approvals (must Be Approved By Management within 5 Days After Initiation) | | | |
| Engineering Director: | | Date: | |
| Manufacturing Engr. Mgr: | | Date: | |
| Submit A Sample Of The New Part If Available | | | |
| ALL THE ABOVE INFORMATION MUST BE FURNISHED TO RECEIVE PART NUMBER | | | |
| PCB DECAL _____ | | Created By: _____ Date: _____ | |
| Checked By: _____ Date: _____ | | Checked By: _____ Date: _____ | |
| CAE DECAL _____ | | Created By: _____ Date: _____ | |
| Checked By: _____ Date: _____ | | Checked By: _____ Date: _____ | |
| Standard Approvals | | | |
| Responsible Engineer: | | Date: | |
| Component Engineer: | | Date: | |