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|  GTT FACILITY: DATE: SCR #:  |
| SUPPLIER OR REQUESTOR TO COMPLETE BELOW SECTIONS |
| SUPPLIER OR REQUESTOR NAME AND ADDRESS:  |
| GT TECHNOLOGIES PART NUMBER AND DESCRIPTION: |
| DESCRIPTION OF CHANGE: [ ]  DESIGN [ ]  COMPOSITION [ ]  SUB-SUPPLIER [ ]  PROCESSING [ ]  PERMANENT [ ]  TEMPORARY (DURATION) \_\_\_\_\_\_\_\_\_\_\_\_ PCS <OR> LENGTH OF TIME \_\_\_\_\_\_\_\_\_\_\_\_ |
| REASON FOR CHANGE: |
| EFFECT OF CHANGE: |
| TIME REQ’D TO INCORPORATE CHANGE AFTER APPROVAL:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUPPLIER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   | TOOLING OR FACILITY CHANGES REQUIRED: [ ]  YES [ ]  NOIF YES, SPECIFY COST IMPACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIECE COST IMPACT [ ]  YES [ ]  NO (IF YES, SPECIFY $ AMOUNT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WILL INCORPORATION OF CHANGE IMPACT CURRENT SHIPPING SCHEDULES? [ ]  YES [ ]  NO |
| GT TECHNOLOGIES TO COMPLETE BELOW SECTIONS |
| [ ]  APPROVED [ ]  REJECTED |
| APPROVED BY:PLANT QUALITY ENG. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_ APPLICATION ENG.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_SUPPLIER DEV. ENG. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_ |
| BLANKET APPROVAL GRANTED FOR SUBSEQUENT CHANGES WHICH ARE THE SAME AS THOSE DESCRIBED ABOVE: [ ]  YES [ ]  NO | INTERCHANGEABILITY AFFECTED  ASSEMBLY: [ ]  YES [ ]  NOCOMPONENTS: [ ]  YES [ ]  NO | SAMPLE REQUIRED [ ]  YES [ ]  NOPPAP REQUIRED [ ]  YES [ ]  NOSPECIAL LABELING REQUIRED [ ]  YES [ ]  NO |
| REASON FOR REJECTION <OR> QUALIFYING CONDITIONS OF ACCEPTANCE: |
| REVIEWED AND CONCURRED BY: PLANT QUALITY MGR. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_ VP APP. ENG. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_ DIRECTOR, SCM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_  |
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| SALES MANAGER/DIRECTOR | CORP. QUALITY MANAGER |  |  |

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