



A Tradition of Quality. Since 1905

Marion Body Works, Inc. Product/Process Change Request Form

Marion Body Works, Inc. P/N: _____ Engineering Rev. Level: _____

Dated: _____

Supplier P/N: _____ Engineering Rev. Level: _____ Dated: _____

Purchase Order Number: _____ Safety and/or Governmental Regulation: _____

Supplier Information:

Name: _____ Supplier I.D. _____

Address: _____

City, State & ZIP _____

Product Change Description:

(Is it relevant to: dimension(s), material, functional and/or appearance?)

Process Change Description:

Planned Date of Implementation: _____

I understand that implementation of changes can not occur until PPAP approval is acquired. Marion Body Works, Inc. will provide an approved/rejected copy of this form. The appropriate Supplier Quality Engineer will distribute the PPAP Workbook with the submission requirements outlined in the Part Submission Requirements tab to the Supplier if accepted. All changes require level 3 PPAP submissions unless otherwise communicated.

Name: _____ Phone Number: _____

Title: _____ Email: _____

Upon completion of form, email to Buyer to be reviewed by the Change Board.

TO BE COMPLETED BY MARION BODY WORKS, INC.:

Tracking

Number _____

Approved Y/N: _____ Date: _____ PPAP Y/N: _____

Name: _____ Phone: _____ Email: _____