

# SUPPLIER PROCEDURE APPROVAL REQUEST

Supplier Reference No.:

**INSTRUCTIONS:** Please note that you must complete Blocks 1 through 12 or your request will be denied. Record "N/A" (not applicable) in blocks where appropriate. Submit this request along with all supporting documentation to the buyer or to [quality@cepedaassociates.com](mailto:quality@cepedaassociates.com).

<b>1. Supplier Name and Mailing Address:</b>  Company Name  Address  City State Zip Code	<b>2. Reason for Request:</b> <input type="checkbox"/> New Procedure <input type="checkbox"/> Extended Procedure <input type="checkbox"/> X-Ray Approval 1st Pcs <input type="checkbox"/> X-Ray Production <input type="checkbox"/> Other	<b>3. Type of Procedure</b> <input type="checkbox"/> Weld Procedure <input type="checkbox"/> Brazing Procedure <input type="checkbox"/> NDT Procedure <input type="checkbox"/> Shooting Sketch <input type="checkbox"/> Other
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<b>4. Purchase Order No.:</b>	<b>5. Item:</b>	<b>6. Drawing No.:</b>	<b>7. Part/Pc No.:</b>
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**8. Description of Document:**

<b>9. Supplier's Name/Title:</b>	<b>10. Supplier's Signature:</b>	<b>11. Date:</b>	<b>12. Phone: Email:</b>
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## EVALUATION & DISPOSITION

For CEPEDA's use only. Supplier does not fill in below this line.

<b>Buyer's Name:</b>	<b>Phone: Email:</b>
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### DISPOSITION

<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED PENDING REVISION	<input type="checkbox"/> DISAPPROVED (see comments below)
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### EVALUATION

### AUTHORIZED SIGNATURE

Name	Title	Signature	Date
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