

Textron Systems Item Change Request

THIS FORM SHALL BE USED TO REQUEST ANY DESIGN, PROCESS, OR OTHER CHANGE TO A CSI ITEM OR CORRESPONDING CONTROL PLAN, AND DESIGN CHANGES TO ANY OTHER TEXTRON SYSTEMS-DESIGNED ITEM PROVIDED TO TEXTRON SYSTEMS BY A SUPPLIER. PLEASE NOTE THAT ALL SECTIONS MUST BE COMPLETED OR ANNOTATED "N/A". IF SUPPORTING DOCUMENTATION IS AVAILABLE AT TIME OF REQUEST PLEASE ATTACH AND SUBMIT.

Change Request		
Company Name:		
Requestor:	Date of Request:	
Part Number Affected:	CSI or Control Plan Item: Yes <input type="checkbox"/> No <input type="checkbox"/>	Control Plan Number Affected (CSI Items Only):
Change Request Justification:		
Description of requested change (Proposed Action):		
Design (Form, Fit, Function, etc) or Process Change:		
Affect on current production (if yes explain): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supporting documentation attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Requestor Approval Authority (Signature/Title): SUPPLIER: SUBMIT TO BUYER AND SUPPLIER QUALITY ENGINEER. TEXTRON SYSTEMS MANUFACTURING: SUBMIT TO ARMS PROJECT ENGINEERING MRB REP OR ALTERNATE		
To Be Completed by Textron Systems ARMS Engineering MRB Delegate or Alternate SUBMIT TO FUNCTIONAL ENGINEERING GROUP FOR ANALYSIS AND ACTION PER QAPG-QE63 (HV) OR OI 2.3.9 (WIL).		
NC Number:		
Item Change Request Approve/Reject: Approve <input type="checkbox"/> Reject <input type="checkbox"/>		
Rejection Justification:		
Item Change Request Approval (Print, Sign, and Date)		
Textron Systems Project Engineering	Textron Systems Quality	

RETURN TO QUALITY ADMINISTRATION AFTER COMPLETION