



TECH HELP FORM

DATE SUBMITTED:	SUPPLIER NAME:	PART NUMBER:	FOR QUOTE: (YES / NO)
P.O. NUMBER:	SUPPLIER PHONE NUMBER:	PART NAME:	
QUANTITY:	SUPPLIER E-MAIL:	CATEGORY:	
PART DUE DATE:	REQUESTER:	LIFEPORT BUYER:	

SUPPLIER	DESCRIPTION (Attach drawing markup and/or pictures, as applicable):
-----------------	---

SEND COMPLETED FORM TO: techhelp@lifeport.com	THE APPROVED FINALIZED TECH HELP MUST BE INCLUDED IN SHIPPING PAPERWORK
--	--

ENGINEERING	SO NUMBER:	DISPOSITION DATE:	TECH HELP NUMBER:	CONFORMITY REQUIRED: (YES / NO)	PROJECT ENG:
	CERT PATH:	DISPOSITION:			STRESS:
	ECR NUMBER:				CERTIFICATION:
	DESIGNER:				

QUALITY CONTROL	QC MRB:	COMMENTS: