



PART INSPECTION
Request Form



Client Information

Date: _____

Client: _____ Contact: _____
 Address: _____ Phone: _____ Fax: _____
 City: _____ Email: _____
 State: _____ Zip: _____ Country: _____

Buyer Information

Buyer: _____ Contact: _____
 Address: _____ Phone: _____ Fax: _____
 City: _____ Email: _____
 State: _____ Zip: _____ Country: _____

Supplier Information / Inspection Location

Supplier: _____ Contact: _____
 Address: _____ Phone: _____ Fax: _____
 City: _____ Email: _____
 State: _____ Zip: _____ Country: _____

Inspection Services & Requirements

UL is authorized to conduct the following inspection:

- Pre Production In Process Quality Control Loading Final Other
 Reinspection (Previous Report Number): _____

ANSI/ASQ Z1.4-2008, General Level II: AQL (Acceptance Quality Limit): Critical: _____ Major: _____ Minor: _____

Production Start Date: _____ Scheduled Ship Date: _____ Order Shipment Quantity: _____

Sample Information

Item Description: _____	Item Description: _____
PO Number: _____	PO Number: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____

Sample Information - Additional

Item Description: _____	Item Description: _____
PO Number: _____	PO Number: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____



HARDLINES INSPECTION
Request Form



Sample Information - Additional

- Control Samples Provided by Client: Yes No If No, when will samples be sent? _____
- Use Supplier Approved Samples: Yes No
- Inspection Instructions Provided by Client: Yes No Attached: Yes No
- Measurement Specifications Provided by Client: Yes No Attached: Yes No
- Packaging Requirements Provided by Client: Yes No Attached: Yes No
- Tag or Label Requirements Provided by Client: Yes No Attached: Yes No
- Carton Markings Provided by Client: Yes No Attached: Yes No
- Copy of Draft Report Must be Left at Supplier: Yes No
- Defect Samples Must be Forwarded to Client: Yes No
- Take Defect Samples and Hold for Instructions?: Yes No

Special Instructions:

Send Final Reports To: Client Buyer Supplier

USA
UL Verification Services Inc
1559 King Street
Enfield, CT 06082
Tel: +1 (860) 749 8371
Fax: +1 (860) 749 8234

MFG.com Referral Code: MFGUL20130701

janet.e.mueller@ul.com

Authorized Signature

Under this program, invoices should be sent to, and will be paid by the Client Buyer Supplier

Signature: _____ Title: _____ Date: _____
 Print Name: _____ Company: _____

The above signature, by an authorized company representative, confirms that the company is responsible for all payments to UL for services described herein. This signature also acknowledges that the UL Standard Terms and Conditions apply to these services unless they are covered under a separate agreement. UL Standard Terms and Conditions can be located on our web site: ul.com/VS-terms