

4. SUPPLIER INFORMATION

a. Name and complete address of Applicant's Supplier.

Supplier Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Title _____

Telephone _____ Fax _____

E-mail address: _____

b. Applicant's contract or purchase order to Supplier.

Number _____

Dated _____

Priority rating _____
(If none, so state)

If Supplier is an agent or distributor, give complete producer or lower tier supplier information in Continuation Block on page 3, including purchase order number, date, and priority rating (if none, so state).

5. SHIPMENT SCHEDULE OF ITEM(S) SHOWN IN BLOCK 3

a. Applicant's <u>original</u> shipment/performance requirement	Month Year							Total units
	Number of units							
b. Supplier's <u>original</u> shipment/performance promise	Month Year							Total units
	Number of units							
c. Applicant's <u>current</u> shipment/performance requirement	Month Year							Total units
	Number of units							
d. Supplier's <u>current</u> shipment/performance promise	Month Year							Total units
	Number of units							

6. REASONS GIVEN BY SUPPLIER for inability to meet Applicant's required shipment or performance date(s).

7. BRIEF STATEMENT OF NEED FOR ASSISTANCE. As applicable, explain effect of delay in receipt of Block 3 item(s) on achieving timely shipment of Block 2 item(s) (e.g., production line shutdown), or the impact on program or project schedule. Describe attempts to resolve problems and give specific reasons why assistance is required. If priority rating authority is requested, please so state.

8. CERTIFICATION: I certify that the information contained in Blocks 1 - 7 of this form, and all other information attached, is correct and complete to the best of my knowledge and belief (omit signature if this form is electronically generated and transmitted - use of name is deemed certification).

Signature of Applicant's authorized official _____

Print or type name of authorized official _____

Title _____

Date _____