



Supplier Container Label Certification Form

Date: _____

Sample Container Label:

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Supplier Info

Supplier Name:	Supplier ID:
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Contact Info

Label Issues Contact:	Phone #:
E-Mail Address:	Job Title:

Label Info

Label Software:	Label Stock Type:
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(ie. Direct Thermal, Laser, etc ...)

For Use By ADAC Automotive

Label Format Compliance:	<input type="checkbox"/> yes <input type="checkbox"/> no	Test Date: _____	Tested By: _____
Part No:	Code 3 of 9: <input type="checkbox"/>	Qualifier: _____	Note: _____
Quantity:	Code 3 of 9: <input type="checkbox"/>	Qualifier: _____	Note: _____
License Plate:	Code 128: <input type="checkbox"/>	Qualifier: _____	Note: _____
			PASS / FAIL

Please Mail Completed Form To: ADAC Label Verification
 5670 Eagle Dr SE
 Grand Rapids, MI 49512