



# Supplier Master Label Certification Form

Date: \_\_\_\_\_

Sample Master Label:

[Large dotted rectangular area for pasting a sample master label]

### 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. Thermal Transfer, Direct Thermal, Laser ...)*

*For Use By ADAC Automotive*

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

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