

QUALITY ASSURANCE REPRESENTATIVE'S CORRESPONDENCE

1. TO:	2. FROM: <i>(Name, address, ZIP Code, and office telephone number)</i>
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3. CONTRACT, P.O., OR O.I. NUMBER	4. ITEM
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5. PRIME CONTRACTOR NAME, ADDRESS AND ZIP CODE	6. PLANT NAME, ADDRESS AND ZIP CODE
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SUBJECT:

7. SIGNATURE OF QAR	8. DATE
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