

# Tooling Change Authorization Form

Request Number

Date

Requested By

Department

Tool Name

Tool Number / ID

Current Revision Level

Proposed Revision Level

Description of Change

Reason for Change

Impact Assessment (Quality, Delivery, Cost, etc.)

Related Documents / Attachments

Document Name	Document Number	Revision	Remarks

## Authorization

Requested By

Date:  
Tooling Engineer

Date:  
Quality

Date:  
Production

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Date:  
Management

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Date: