## Attachment E Coil Processor Product List

Please type or print. You may photocopy this page as necessary.

You have the option of applying for certification for the regional manufacturers/mobile roll-formers to whom you supply processed coil. To do so, please list each manufacturer and provide quality control plan information.

Regional manufacturer/mobile roll-former	
Address	
Contact name and title	
Talanhara	C. mail address
Telephone number	E-mail address
Product name	
Quality control program	
☐ The Corporate Quality Manager has reviewed a	and signed the Reference Table for Quality Control Program
Auditor	
OR	
☐The quality control program has been reviewed	according to the requirements in Section IV.F.
Quality control evaluation service	
Detection of the state of the s	
Date of last approval of quality control plan	
Regional manufacturer/mobile roll-former	
Address	
Contact name and title	
Telephone number	E-mail address
Product name	
Quality control program	
☐ The Corporate Quality Manager has reviewed a	and signed the Reference Table for Quality Control Program Audito
OR	
The quality control program has been review	ewed according to the requirements in Section IV.F.
Quality control evaluation service	
Date of last approval of quality control plan	
Date of last approval of quality control plan	

## **Coil Processor Product List, continued**

Regional manufacturer/mobile roll-former		
Address		
Contact name and title		
Telephone number	E-mail address	
Product name		
Quality control program		
☐ The Corporate Quality Manager has reviewed and signed the Reference Table for Quality Control Program		
Auditor		
OR		
The quality control program has been reviewed according to the requirements in Section IV.F.		
Quality control evaluation service		
Date of last approval of quality control plan		
Regional manufacturer/mobile roll-former		
regional mandiaetare/mobile roil-iorner		
Address		
Contact name and title		
Telephone number	E-mail address	
Product name		
Quality control program		
_		
☐ The Corporate Quality Manager has reviewed and signed the Reference Table for Quality Control Program		
Auditor		
OR		
☐The quality control program has been reviewed according to the requirements in Section IV.F.		
Quality control evaluation service		
Date the large state of the sta		
Date of last approval of quality control plan		