

**LOWER-TIER CONTRACTOR QUALITY ASSURANCE INFORMATION**

Solicitation No.	Component
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<b>1. Item or Service to be Subcontracted</b>	<b>2. Name and Address of Contractor(s)</b>	<b>3. Quality System Requirements</b>	<b>4. Insp. and Test Plan Imposed: Yes/No</b>	<b>5. QA Surveillance</b>	<b>6. QC Audits</b>

Approved

Quality Assurance	Company Name	Date
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Date	Signed	Title
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