



Supplier Container Label Certification Form

Date: _____

Sample Container Label:

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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. Direct Thermal, Laser, etc ...)

For Use By ADAC Automotive

Label Format Compliance:	yes	no	Test Date: _____	Tested By: _____
Part No:	Code 3 of 9:	Qualifier: _____	Note: _____	
Quantity:	Code 3 of 9:	Qualifier: _____	Note: _____	
License Plate:	Code 128:	Qualifier: _____	Note: _____	
PASS / FAIL				

Please Mail Completed Form To: ADAC Label Verification
5920 Tahoe Drive SE
Grand Rapids, MI 49546

Control # 1124 - Miscellaneous - Rev C 2-15-12