



Supplier Master Label Certification Form

Date: _____

Sample Master Label:

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. Thermal Transfer, Direct Thermal, Laser ...)

For Use By ADAC Automotive

Label Format Compliance: yes no Test Date: _____ Tested By: _____

 Part #: Code 3 of 9: Qualifier: _____ Note: _____

 Quantity: Code 3 of 9: Qualifier: _____ Note: _____

 Master Serial #: Code 128: Qualifier: _____ Note: _____

PASS / FAIL

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