



Tubing and Identification Products

ISO 9001:2015
AS9100 Rev D Registered

IMDS Registration Request

Requested By: _____ **Date:** _____

Company: _____ (customer) Dunbar Sales Rep: _____

Contact: _____

Tel #: _____

Fax # _____

Email: _____

Company IMDS ID#: _____

Dunbar/Manuf. p/n: _____

Customer p/n: _____ (**EXACT** - dashes, spaces, commas, etc.)

Notify when completed? Yes / No

Who: _____

How: _____ (email, tel, fax, etc.)

Request sent to Mfg by: _____ Date: _____

Registered by: _____ Date: _____

Notified Customer: _____ Date: _____

P/N ID # received: _____ P/N ID # transmitted: _____

Specific weight _____ (Kg/m)

Dunbar Products, LLC

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