

ATS Form Instruction - what and how to complete

GTF-GSOP-COR-21003-02 Rev 01

July 2020

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Acronyms

| Acronym | Description |
|---------|--|
| ATS | Authorization to Ship |
| CoC | Certificate of Compliance |
| eSMDR | electronic Supplier Master Document Register |
| MRB | Manufacturing Record Book |
| PO | Purchase Order |
| SMDR | Supplier Master Document Register |
| SN | Serial Number |
| WED | With Each Delivery |



ATS Form – Page 1

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Page 2

| This document replaces TPL 10000183596, version 05 | | | | Page 1 of 2 | This document | replaces T |
|--|---|---|--|--|---------------|------------|
| | | | | on to Ship (ATS) Form DR-21003-03 Rev 0 June 2019 | PO line | т |
| Revised documentatio | n accompanies this ATS Form | | | | | |
| Part 1 – To be cor | mpleted by Supplier - Al Seids are man | datory where applicable per PO and Pi | art Report requirement | | | |
| Supplier name | | Submission | date | | | - |
| TechnipFMC Purchase Order | | PO line | | | | |
| TechnipFMC Work Order | | Submission | quantity | | | |
| TechnipFMC Part Number | | TechnipFM Part Numbe | | | | |
| TechnipFMC Part Description | | Part Numbe | n ruv, | | | - |
| Serial number | | | | | | |
| Production date / | | | | | | |
| Lifting certificate date Batch number | 5 | | | | | |
| | | | | | | |
| Heat number | | | | | | |
| Drop Shipment L | ocation - Populate if part(s) is not shipping t | to the TechnipFMC location that create | id the PO | | | - |
| Company name | | City, State, Country | | | | |
| Quality Notificatio | one (QN) - List all QNs affecting this delivery | y in appropriate box indicating status | | | | 1 |
| QN status | QN number(s) | | | | | |
| OPEN | Max Lening (a) | | | | | |
| CLOSED | | | | | | |
| | | | | | | - |
| Comments | | | | | | |
| | | | | | | |
| NOTE: 1) ATS Form from St | upplier will be processed and returned within a | liotled regional turnaround time. | | | | |
| 2) A hard copy of the 3) Do not submit dup | applicable approved ATS form shall be includ | ed with shipping documents that accord | mpany physical shipment of p | part(s) | | |
| | | | | | | |
| Part 2 - To be con | npleted by TechnipFMC - Check % in a | appropriate box to indicate approval at | atus | | | |
| TechnipFMC doc | ument review | | Remark | | | |
| | | | | d to the efficienced | | |
| Authoria | zation to Ship | Rejected | If <u>Baracted</u> no ports are allowed Revised documents must be re- | submitted with a new ATS form. | | - |
| Comments - List o | pen QNs if approval to ship with these open an | e given | | | | - |
| | | | | | | - |
| Reviewer sign | | | | | | - |
| | | Electronic | | | | - |
| Reviewer name | | signature | | | | - |
| Date | | | | | | |
| | | | | | | |

| PO line | TechnipFMC Part Number | Revision | Quantity | Production date / Lifting certificate date (vvvv-MM-DO) | Serial / Batch number |
|---------|------------------------|----------|----------|---|-----------------------|
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Page 2 of 2

ATS Form – Page 1

| | | Authorization to Shi | p (ATS) Form | | Part 2 - To be comp | leted by Technip | DFMC - Check 'X' in ap | propriate box to indic | ate approv |
|--|--|-----------------------------------|--------------|---|-----------------------------|-------------------------|-------------------------------|------------------------|-----------------|
| | | | | | TechnipFMC docur | nent review | | | Re |
| Revised documentation accompanies this ATS | | | | ~ | Authoriza | tion to Ship | | Rejected | If <u>B</u> evi |
| Part 1 – To be completed by Supplie | er - All fields are mandatory where applicable p | er PO and Part Report requirement | | | Comments - List ope | | | · | nem |
| Supplier name | Submi | ssion date | | | | in gros in approvanto s | nip with these open are | given | |
| TechnipFMC Purchase Order | POline | • | | | | | | | |
| TechnipFMC Work Order | Submi | ssion quantity | | | Reviewer sign | | | Electronic | |
| TechnipFMC Part Number | Techn Part N | ipFMC umber rev. | | | Reviewer name | | | signature | |
| TechnipFMC Part Description | | | | | Date | | | | |
| Serial number | | | | | | | | | |
| Production date r | | | | | | | Talaa | | t a al |
| Batch number | | | | | | | | comple | |
| | | | | | | | by T | echnip F | MC |
| Heat number | | | | | | | ATS | Reviewe | er |
| Drop Shipment Location - Populate if p | eart(s) is not shipping to the TechnipFMC locat | ion that created the PO | | | | | | | |
| Company name | City, State, Count | у | | | | | | | |
| Quality Notifications (QN) - List all QNs | affecting this delivery in appropriate box indicat | ing status | | | | | | | |
| QN status QN number(s) | | | | ۲ | To be comple | ted | | | |
| OPEN | | | | | To be comple by Supplier | | | | |
| CLOSED | | | | | y = - - - | | | | |
| Comments | | | | | | | | | |
| NOTE: 1) ATS Form from Supplier will be processed 2) A hard copy of the applicable approved ATS 3) Do not submit duplicate ATS forms. | | | rt(s) | | | | | | |



in appropriate box to indicate approval status

Remark

If <u>Rejected</u> no parts are allowed to be shipped. Revised documents must be re-submitted with a new ATS form.

ATS Form – Page 2

| PO line | TechnipFMC Part Number | _ | Production date / Lifting certificate date (YYYY-MM-DD) | Serial / Batch number | |
|---------|------------------------|---|---|-----------------------|--|
| | | | | | |
| | | | | | To be complet |
| | | | | | To be complet Supplier if one Form is used multiple PO from one singl |
| | | | | | from one sing |
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eted by ne ATS ed for lines gle PO.



| | | | | - |
|---|---|--|---------|--|
| Revised documentatio | n accompanies this ATS Form | | | |
| Part 1 – To be cor | npleted by Supplier - All fields are mandatory where ap | plicable per PO and Part Report requir | rement | Do not tick if the ATS is <u>new</u> submission. Only tick if revised documents are submitted. |
| Supplier name | | Submission date | | |
| TechnipFMC Purchase Order | | PO line | | |
| TechnipFMC Work Order | | Submission quantity | | |
| TechnipFMC Part Number | | TechnipFMC Part Number rev. | | |
| TechnipFMC Part Description | | | | |
| Serial number | | | | |
| Production date / Lifting certificate date | | | | |
| Batch number | | | | |
| Heat number | | | | |
| Revised documentatio | n accompanies this ATS Form | | | |
| Part 1 – To be cor | npleted by Supplier - All fields are mandatory where ap | plicable per PO and Part Report requir | rement | Your company name as stated on the PO from |
| Supplier name | 4 | Submission date | | TechnipFMC. |
| TechnipFMC | | PO line | | |
| Purchase Order | | 1 O line | | |
| TechnipFMC Work Order | | Submission quantity | | — The date ATS is submitted to TechnipFMC. |
| TechnipFMC Part Number | | TechnipFMC Part Number rev. | | |
| TechnipFMC Part Description | | | | |
| Serial number | | | | |
| Production date / Lifting certificate date | | | | |
| Batch number | | | | |
| Heat number | | | | |
| Techn | ipFMC | | | |

| Revised documentation | accompanies this ATS Form | |
|---|--|---|
| Part 1 – To be com | pleted by Supplier - All fields are mandatory where applicable per PO and Part Report requirement | PO number from TechnipFMC. |
| Supplier name | Submission date | |
| TechnipFMC Purchase Order | PO line | Respective PO line numbers for the submittal. |
| TechnipFMC Work Order | Submission quantity | |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | When multiple PO lines are submitted for the same |
| TechnipFMC | r activitier for. | PO, use Page 2 of the ATS Form and write: |
| Part Description | | "Multiple PO lines, refer Page 2" |
| Serial number Production date / | | |
| Lifting certificate date | | |
| Batch number | | |
| Heat number | | |
| Revised documentation | accompanies this ATS Form | TechnipFMC Work Order number when required by |
| | apleted by Supplier - All fields are mandatory where applicable per PO and Part Report requirement | PO for outsourced services. |
| Supplier name | Submission date | |
| TechnipFMC Purchase Order | PO line | If relevant and not stated in PO, then the Commercial |
| TechnipFMC Work Order | Submission quantity | Point of Contact, the Buyer, shall be approached. |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | |
| TechnipFMC Part Description | | Fill in quantity to deliver and covered by the ATS. |
| Serial number | | |
| Production date / Lifting certificate date | | When multiple PO lines are submitted for the same |
| Batch number | | PO, use Page 2 of the ATS Form and write: |
| Heat number | | "Multiple PO lines, refer Page 2" |
| Techn | ipFMC | 7 |

| Revised documentation accompanies this ATS Form | | |
|---|--|--|
| Part 1 – To be completed by Supplier - All field | | |
| Supplier name | Submission date | |
| TechnipFMC Purchase Order | PO line | TechnipFMC's Part Number and its revision |
| TechnipFMC Work Order | Submission quantity | number, as built and as referenced in PO. |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | When multiple PO lines are submitted for the same |
| TechnipFMC Part Description | | When multiple PO lines are submitted for the same |
| Serial number | | PO, use Page 2 of the ATS Form and write: "Multiple PO lines, refer Page 2" |
| Production date / Lifting certificate date | | |
| Batch number | | |
| Heat number | | |
| Part 1 – To be completed by Supplier - All field Supplier name | ds are mandatory where applicable per PO and Part Report requirement | |
| TechnipFMC Purchase Order | PO line | |
| TechnipFMC Work Order | Submission quantity | |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | TechnipFMC's Part Description as per PO line. |
| TechnipFMC Part Description | | When multiple PO lines are submitted for the same |
| Serial number | | When multiple PO lines are submitted for the same PO, leave it blank. |
| Production date / Lifting certificate date | | |
| Batch number | | |
| Heat number | | |
| TechnipFMC | | |

| Revised documentation | Revised documentation accompanies this ATS Form | | | | |
|---|---|--|--|--|--|
| Part 1 – To be completed by Supplier - All fields are mandatory where applicable per PO and Part Report requirement | | | | | |
| Supplier name | Submission date | | | | |
| TechnipFMC Purchase Order | PO line | | | | |
| TechnipFMC Work Order | Submission quantity | | | | |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | | | | |
| TechnipFMC Part Description | | | | | |
| Serial number | | | | | |
| Production date / Lifting certificate date | | | | | |
| Batch number | | | | | |
| Heat number | | | | | |

Fill in serial number (SN) covered by the ATS **if required** by Part Report per specification **Q03401**.

If the ATS is for multiple SNs in a complete range, the lowest and highest SN shall be separated with the word "through", e.g. 10124-1 through 10124-15.

If the ATS is for multiple SNs not in a range the SNs shall be separated with comma, e.g.10124-1, 10124-4, 10124-7 and 10124-9.

If the ATS is for multiple SNs(>10) and not in a range, then use Page 2 and write "Multiple serial numbers, refer Page 2".

Serial number shall be a unique code for the par, and shall be maximum 18 characters. Space shall not be a part of the serial number.



9

| Revised documentation accompanies this ATS Form | | | | | |
|---|--------------------------------|--|--|--|--|
| Part 1 – To be completed by Supplier - All fields are mandatory where applicable per PO and Part Report requirement | | | | | |
| Supplier name | Submission date | | | | |
| TechnipFMC Purchase Order | PO line | | | | |
| TechnipFMC Work Order | Submission quantity | | | | |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | | | | |
| TechnipFMC Part Description | | | | | |
| Serial number | | | | | |
| Production date / Lifting certificate date | | | | | |
| Batch number | | | | | |
| Heat number | | | | | |

Only applicable for non-metallic materials and lifting tools/assy.

Enter certificate issue date for parts with lifting certificate requirement: Enter the oldest date if multiple items in the assembly.

For perishable parts (seals, fluids, etc.), enter the oldest production (cure) date for kits:

| | Cure Q1 = YYYY-01-01 |
|---|---|
| _ | |
| | Cure Q2 = YYYY-04-01 |
| | Cure Q3 = YYYY-07-01 |
| | Cure Q4 = YYYY-10-01 |
| | e.g. 3Q20 - 3rd Quarter, Year 2020. |
| | Cure M1 = YYYY-01-01 |
| | Cure M2 = YYYY-02-01 |
| | Cure M12 = YYYY-12-01 |
| | e.g. 2M20 - 2nd Month, Year 2020. |
| | Date format is fixed to be ISO 8601 compliant: YYYY-MM-DD |



| Revised documentation accompanies this ATS Form | | | | | |
|---|--------------------------------|--|--|--|--|
| Part 1 – To be completed by Supplier - All fields are mandatory where applicable per PO and Part Report requirement | | | | | |
| Supplier name | Submission date | | | | |
| TechnipFMC Purchase Order | PO line | | | | |
| TechnipFMC Work Order | Submission quantity | | | | |
| TechnipFMC Part Number | TechnipFMC Part Number rev. | | | | |
| TechnipFMC Part Description | | | | | |
| Serial number | | | | | |
| Production date / Lifting certificate date | | | | | |
| Batch number | | | | | |
| Heat number | | | | | |

Fill in batch number (BN) covered by the ATS **if required** by Part Report per specification **Q03402**. If the ATS is for multiple BNs in a complete range the lowest and highest BN shall be separated with the word "through", e.g. 10124 through 10129. Quantity used for every batch shall be indicated between bracked in the Batch Number field, e.g.: B12506(9). If the ATS is for multiple BNs not in a range the BNs shall be separated with comma, e.g.: 10124, 10126, 10128 and 10129, or use page 2 to list all batch numbers and write "Multiple batch numbers, refer

Batch number shall be a unique code, not repeated for other batches, and shall be maximum 10 characters long. Space shall not be a part of the batch number.

Page 2".



11

| Revised documentation accompanies this | ATS Form | | | | |
|---|---|--------------------------------------|---------------------|----------------|-------------------------|
| Part 1 – To be completed by Supp | blier - All fields are mandatory where appl | icable per PO and Part Report requir | ement | | |
| Supplier name | | Submission date | | | |
| TechnipFMC Purchase Order | | PO line | | | |
| TechnipFMC Work Order | | Submission quantity | | | |
| TechnipFMC Part Number | | TechnipFMC Part Number rev. | | | |
| TechnipFMC Part Description | | l | | | |
| Serial number | | | | | |
| Production date / Lifting certificate date | | | | | |
| Batch number | | | | | |
| Heat number | | | | Mention app | blicable Heat Number(s) |
| Drop Shipment Location - Populate | if part(s) is not shipping to the TechnipFMC | C location that created the PO | | | |
| Company name | <mark>City, State</mark> | , Country | | | |
| | | | | - | |
| 1 | ping location other the s if the material will re | | | procured | |
| For further clarificati | ion see PO or approa | ach the Commerc | ial Point of Contac | ct, the Buyer. | |
| | | | | | |

| Quality Notifications (QN) - List all QNs affecting this delivery in appropriate box indicating status | | List all QNs affecting this delivery in the appropriate box indicating QN status. |
|--|--------------|---|
| QN status | QN number(s) | |
| OPEN | | TechnipFMC requires all QNs to be closed or have no outstanding actions for Supplier |
| CLOSED | | at time of ATS submittal. |
| Comments | | |
| | • | Use this cell for any comment/clarification applicable for the QNs or the ATS package in general. |



| PO line | TechnipFMC Part Number | Revision | Quantity | - | Serial / Batch number |
|----------|------------------------|----------|----------|-------------------|-----------------------|
| • | | † | • | date (YYYY-MM-DD) | - |
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If one ATS Form is being used for several PO lines, Supplier shall use the second page for:

- PO line number
- TechnipFMC's Part Number
- Revision of the Part Number
- Quantity delivered/submitted
- Production date/Lifting certificate date (if applicable)
- Serial number/Batch number



1.Where to find the ATS Form and instruction? The ATS Form and instruction can be found at : <u>https://www.technipfmc.com/en/services/suppliers/documents-and-templates</u>

2.Can I edit font size in the ATS Form?

Yes, fonts can be adjusted were there is a requirement to fit the information in a single cell in the ATS Form.

3.Do I need to save the Excel file as PDF format, to send the PDF file to TechnipFMC? No, preferably the ATS Form shall be submitted as an Excel file. When reviewed, TechnipFMC will return the form to Supplier in PDF format.

4.Can I use the Page 1 of the ATS Form only when submitting multiple Part Numbers / PO lines? No, use Page 2, and make a clear reference to Page 2 on Page 1.

5.If I have more information other than the specified field where shall I write? You can use Comment field (below QN) to provide additional information.

6.Do I (Supplier) need to sign the ATS Form?

No, signature will be done by the person who reviews the documents and ATS Form for TechnipFMC.



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7.Can I use a single cell for multiple serial numbers?

Yes, you can use single cell for multiple serial numbers when a single part number. When for different part numbers, use different cells to provide serial numbers.

8.Could the ATS also be approved by TechnipFMC inspectors at site?

No. The review performed by the TechnipFMC inspectors at site is just to help Supplier to identify anything that needs to be fixed before submitting the documentation to the ATS email address.

9.If the ATS is submitted for one PO line with e.g. quantity 5, with 5 document packages, and only 3 are approved, what can the Supplier do?

Option 1: Supplier can correct errors and get ATS approved for all five parts.

Option 2: Split the delivery into two and submit ATS Form for the "approved" quantities, then correct the errors for the remaining quantities and resubmit as a separate ATS request.

10. What is the turnaround time for ATS response?

The Commercial Point of Contact, the Buyer, will be able to indicate the turnaround time for ATS for the relevant TechnipFMC location/team.



11. If the Part Number is serialized, shall Supplier mention the batch number in the ATS Form?

For serialized parts (Q03401):

- ATS shall have serial numbers in the serial number field on Page 1, or Page 2 when multiple numbers.
 When Page 2 is used, write "Refer Page 2" in the serial number field on Page 1.
- The heat number can be referenced in the heat number field.
- For serialized parts, do not enter anything in the batch field.

For batch managed parts (Q03402):

- ATS shall have batch numbers in the batch number field on Page 1, or Page 2 when multiple numbers.
 When Page 2 is used, write "Refer Page 2" in the batch number field on Page 1.
- The heat number can be referenced in the heat number field.
- The heat number can be referenced in both the heat and the batch number field when this is the same.
- If the part is batch managed, do not enter a serial number in the serial number field.



12. Does Supplier need access to TechnipFMC Partner Portal in order to submit ATS requests? Not mandatory. If not having access to TechnipFMC Partner Portal, Supplier can send the ATS Form together with any final documentation (MRB or WED package) by email to ATS mailbox.

Contact Supplier Quality for size limit of the MRB/WED documentation.

If Supplier has access to TechnipFMC Partner Portal, documentation should be uploaded in the application named 'PO Doc Collaboration' and ATS Form shall be emailed to ATS address specified in the PO.

13. Will transmittals continue with the ATS process? (if applicable)

Only for locations where the MRB format is required for the final documentation package.





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