



Supplier Process Change & Deviation Request

1 General Information		
Date Requested:		
Company Name:		
Contact Name:	Title:	
Contact Phone #:	Contact Email:	
AV Buyer Name:	Part Number Affected:	
PO(s) affected:	Revision:	
 Type of Request (select all that apply) Deviation Permit Change Request Concession 	Other	
3 Affected Documentation (select all that a	apply)	
Process	Bill of Materials (BOM)	
☐ Drawings ☐	Manufacturing Documents	
☐ Tooling and/or Fixtures ☐	Test Documents	
Other		
4 Urgency for Approval (choose one)		
Required turnaround time: Note: dates are an estimate. Is an immediate delivery impacted?	If <i>yes</i> , what dates and deliveries are impacted?	
5 Description of Issue and/or Opportunity	(separate multiple issues by number)	
6 Proposed Solution and Justification (inc	luding impact if ECR is not approved)	
Does proposed solution affect fit, form, and/or function (i.e. weight, etc.)?		

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	he piece price be affected , explain.	I by this change?		
	ges to current tooling or f	ixtures needed?		
7	Describe how the produc	et configuration information	on documents need to be	updated.
8	Containment (total QTY of	of parts pancanforming ar	nd traceability)	
<u> </u>	Supplier Stock	Supplier WIP	Supplier Sub-Tier	Supplier Shipped to AV
9	Corrective Action			
	Reference Supplier CAPA Root Cause: Corrective Action:	number:		

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