

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: _____

2 Type of Request (select all that apply)

- Deviation Permit
- Change Request
- Concession
- Other

3 Affected Documentation (select all that apply)

- Process
- Drawings
- Tooling and/or Fixtures
- Other
- Bill of Materials (BOM)
- Manufacturing Documents
- Test Documents

4 Urgency for Approval (choose one)

Required turnaround time:

Note: dates are an estimate.

Is an immediate delivery impacted?

If *yes*, what dates and deliveries are impacted?

5 Description of Issue and/or Opportunity (separate multiple issues by number)

6 Proposed Solution and Justification (including impact if ECR is not approved)

Does proposed solution affect fit, form, and/or function (i.e. weight, etc.)?

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Will the piece price be affected by this change?

If yes, explain.

Changes to current tooling or fixtures needed?

If yes, explain.

7 Describe how the product configuration information documents need to be updated.

8 Containment (total QTY of parts nonconforming and traceability)

Supplier Stock

Supplier WIP

Supplier Sub-Tier

Supplier Shipped to AV

9 Corrective Action

Reference Supplier CAPA number: _____

Root Cause: _____

Corrective Action:

10 Attachments (note any reference attachments here)