

Supplier Process Change & Deviation Request

1 General Information

Date Requested:

Company Name: _____

Contact Name: _____

Contact Phone #: _____

Title: _____

Contact Email: _____

AV Buyer Name: _____

PO(s) Affected: _____

Buy Lvl

P/N Affected: _____

P/N Rev: _____

2 Type of Request (select all that apply)

- Deviation Permit Other
- Change Request
- Concession

3 Affected Documentation (select all that 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 yes, what dates and deliveries are impacted?

Supplier Process Change & Deviation Request

5 Description of Issue and/or Opportunity (separate multiple issues with bullet points)

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.)?

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)