



REQUEST FOR DEVIATION / WAIVER (RFD / RFW)

To be completed by Supplier: (1 – 9)

(1) PO Number:	(2) SisTech Part Number:	(3) Date:
(4) Supplier Name		
(5) Originator		
a. Name (<i>First, Last</i>)	b. Address (<i>Street, City, Zip</i>)	(6) Check one : Deviation <input type="checkbox"/> Waiver <input type="checkbox"/>
		(7) Check one: Major <input type="checkbox"/> Minor <input type="checkbox"/> Critical <input type="checkbox"/>
(8) Reason for Deviation / Waiver Request		
Description:		
(9) Check one: Permanent Deviation <input type="checkbox"/> Permanent Waiver <input type="checkbox"/> Requesting for this shipment only <input type="checkbox"/>		

To be completed by SisTech: (10 – 25)

(10) FG Part Numbers Affected:		
List:		
(11) Effect on Cost / Price: Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" explain:	(12) Effect on Delivery Schedule: Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" explain:	(13) Customer Approval Req'd: Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" then complete section (14) If "no" explain why:
(14) Customer Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" complete sections (15) thru (19) If "no" explain:	(15) By Whom: a. Name (First, Last)	(16) Contact Tel #: (17) E-mail Address: (18) Title: (19) Date:
(20) SisTech Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" complete sections (20) thru (25) If "no" explain:	(21) By Whom: a. Name (First, Last)	(22) Contact Tel #: (23) E-mail Address: (24) Title: (25) Date: