



DEVIATION/CHANGE REQUEST FORM

DCR #

SUPPLIER INFORMATION		PART INFORMATION	
Date:		Part Number:	
Supplier Name:		Part Description:	
Supplier Code:		Revision Level:	Quantity:
Contact:	Phone #:	PO Number:	
DESCRIPTION			
<input type="checkbox"/> 1 st Time	<input type="checkbox"/> Product Related		
<input type="checkbox"/> Repeat, DCR# _____	<input type="checkbox"/> Process Related		
Current Requirement:			

<input type="checkbox"/> DEVIATION REQUEST
Request for Deviation:
Reason for Request:

<input type="checkbox"/> CHANGE REQUEST
Request for Change:
Reason for Request:

Acknowledgment (<i>Departments to sign when needed</i>)	Date	Approve/Disapprove	Comments
Purchasing:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Engineering:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Manufacturing:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Quality Assurance:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

VALCOR DISPOSITION		
Drawing/Spec Change Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, ECO# _____
Corrective Action Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, CAR# _____
Final Disposition and Comments:		

Supplier Note: If deviation is approved, a copy of this form shall be included inside the shipping container with each affected shipment.