



Supplier Request for Waiver

<i>Request: This section to be filled out by the Supplier</i>	
Supplier Name & Address:	Waiver#: (from LCR buyer)
Supplier Contact:	Date:
Contact Information:	Drawing/Part Number:
PO#:	Line#:
Quantity:	Serial Number(s):
Description of Nonconformance: INCLUDE A THOROUGH DESCRIPTION OF NON-CONFORMANCE, COMPLETE VARIATION AND PART ATTRIBUTES AFFECTED BY NON-CONFORMANCE WITH DRAWING INFORMATION: SHEET NUMBER AND ZONE AREA	
Corrective Action Number (if applicable):	NA
Marked up drawings included? <input type="checkbox"/> Yes <input type="checkbox"/> No	List:
Printed Name and Title of Supplier Representative:	Signature of Supplier Representative:

<i>Disposition: This section to be completed by LCR</i>		
Disposition Comments:		
Conditions/Exceptions:		
Accept as Proposed <input type="checkbox"/>	Accept with Conditions <input type="checkbox"/>	Reject <input type="checkbox"/>
Drawing Change Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
LCR Engineering:	Date:	
LCR Quality:	Date:	
Other:	Date:	