

# DEVIATION REQUEST FORM

DATE: \_\_\_\_\_ DEVIATION NUMBER: \_\_\_\_\_

WRITTEN BY: \_\_\_\_\_ DRAWINGS ATTACHED? (Y or N)

P.O. # (IF APPLICABLE):

CUSTOMER P/N:	QUANTITY:	DEVIATION DESCRIPTION:	REMARKS:

DATE EFFECTIVE: \_\_\_\_\_ DATE EXPIRED \_\_\_\_\_

PURPOSE: AUTHORIZATION IS HEREBY REQUESTED TO TEMPORARILY DEVIATE FROM CURRENT DRAWING(S) OR STANDARD(S) ON THE ABOVE AS FOLLOWS: (ALL OTHER SPECIFICATIONS TO REMAIN THE SAME):

<b><u>DISCUSSION / REASONS:</u></b>

REVIEWED BY:	ACCEPTED:	DENIED:	SIGNATURE:	DATE SIGNED:
JD Metals VP - Quality (Required)				
Customer Representative (Required) Title:				

**COMMENTS:**