

REQUEST FOR VARIANCE (RFV)		1. DATE PREPARED (DD-MMM-YYYY)		2. PROCURING ACTIVITY NUMBER (PAN):		OMB No. 0704-0188
				3. RFV NUMBER:		
<p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p>						
4. TITLE OF VARIANCE:						
5. RFV PRIORITY: <input type="checkbox"/> E - Emergency <input type="checkbox"/> U - Urgent <input type="checkbox"/> R - Routine		6. VARIANCE PRE-OR POST-PRODUCTION: <input type="checkbox"/> Pre-Production <input type="checkbox"/> Post-Production		7. BASELINE AFFECTED: <input type="checkbox"/> Functional <input type="checkbox"/> Allocated <input type="checkbox"/> Product		
8. SYSTEM INFORMATION	a. MODEL/TYPE DESIGNATION (ex: M-16):	b. SYSTEM/CONFIGURATION ITEM NOMENCLATURE (ex.: Rifle):		c. END ITEM CAGE CODE:		
9. AFFECTED ITEM NOMENCLATURE (ex: Bracket):		10. PART NUMBER(S). OF AFFECTED ITEM(S):				
11.a. OTHER EXTERNAL SYSTEM AFFECTED: <input type="checkbox"/> Yes <input type="checkbox"/> No		b. IF BLOCK 11.a. IS YES, LIST OTHER SYSTEMS OR CONFIGURATION ITEMS AFFECTED:				
12. CLASSIFICATION OF DEFECT(S)	a. DEFECT CLASSIFICATION: <input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor	b. DEFECT NO.:		c. DOCUMENT DEFINING DEFECT CLASS:		
13. DESCRIPTION OF VARIANCE:						
14. NEED FOR VARIANCE:						
15. CORRECTIVE ACTION TAKEN:						
16. EFFECT ON PERFORMANCE, FUNCTION, RELIABILITY, DURABILITY, INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE:						
17. RECURRING VARIANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No		18. EFFECTIVITY (Quantity affected, Lot Number affected, Serial Numbers, Dates):				
19. PER UNIT COST IMPACT:		20. TOTAL COST IMPACT:		21. EFFECT ON DELIVERY SCHEDULE IF REJECTED:		
22. CONTRACT INFORMATION	a. CONTRACTOR:		b. CONTRACT NO. AND LINE ITEM:			
23. CONTRACTING OFFICER	a. NAME:		b. TELEPHONE:		c. E-MAIL:	
24. ORIGINATOR	a. NAME:		b. ADDRESS (Street, City, State and ZIP Code):			
c. RFV ORIGINATOR CAGE CODE:	d. TELEPHONE:					
	e. E-MAIL:					
25.a. SUBMITTING ACTIVITY:		b. NAME AND TITLE:		c. AUTHORIZED SIGNATURE:		
BELOW TO BE COMPLETED BY THE APPROVING ACTIVITY						
26.a. RECOMMENDATIONS <input type="checkbox"/> Approval <input type="checkbox"/> Approval with Modification <input type="checkbox"/> Disapproval						
b. NAME AND TITLE:		c. DATE SIGNED (DD-MMM-YYYY)		d. SIGNATURE		
27.a. DISPOSITION (Configuration Change Authority) <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modification <input type="checkbox"/> Disapproved						
b. NAME AND TITLE		c. DATE SIGNED (DD-MMM-YYYY)		d. SIGNATURE		