

<b>REQUEST FOR DEVIATION/WAIVER (RFD/RFW)</b>				<b>1. DATE (YYYYMMDD)</b>		Form Approved OMB No. 0704-0188	
<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, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/ PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</p>						<b>2. PROCURING ACTIVITY NUMBER</b>	
						<b>3. DODAAC</b>	
<b>4. ORIGINATOR</b>		b. ADDRESS (Street, City, State, Zip Code)				<b>5. (X one)</b>	
a. TYPED NAME (First, Middle Initial, Last)						<input type="checkbox"/> DEVIATION <input type="checkbox"/> WAIVER	
						<b>6. (X one)</b>	
						<input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
<b>7. DESIGNATION FOR DEVIATION/WAIVER</b>				<b>8. BASELINE AFFECTED</b>		<b>9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED</b>	
a. MODEL/TYPE	b. CAGE CODE	c. SYS. DESIG.	d. DEV./WAIVER NO.	<input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> PRODUCT	<input type="checkbox"/> ALLOCATED		
<b>10. TITLE OF DEVIATION/WAIVER</b>							
<b>11. CONTRACT NO. AND LINE ITEM</b>				<b>12. PROCURING CONTRACTING OFFICER</b>			
				a. NAME (First, Middle Initial, Last)			
<b>13. CONFIGURATION ITEM NOMENCLATURE</b>				b. CODE			
				c. TELEPHONE NO.			
<b>14. CLASSIFICATION OF DEFECT</b>				c. DEFECT CLASSIFICATION			
				<input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL			
<b>15. NAME OF LOWEST PART/ASSEMBLY AFFECTED</b>				<b>16. PART NO. OR TYPE DESIGNATION</b>			
<b>17. EFFECTIVITY</b>						<b>18. RECURRING DEVIATION/WAIVER</b>	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>19. EFFECT ON COST/PRICE</b>				<b>20. EFFECT ON DELIVERY SCHEDULE</b>			
<b>21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE</b>							
<b>22. DESCRIPTION OF DEVIATION/WAIVER</b>							
<b>23. NEED FOR DEVIATION/WAIVER</b>							
<b>24. CORRECTIVE ACTION TAKEN</b>							
<b>25. SUBMITTING ACTIVITY</b>							
a. TYPED NAME (First, Middle Initial, Last)		b. TITLE			c. SIGNATURE		
<b>26. APPROVAL/DISAPPROVAL</b>		a. RECOMMEND			APPROVAL		
b. APPROVAL		c. GOVERNMENT ACTIVITY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
d. TYPED NAME (First, Middle Initial, Last)		e. SIGNATURE				f. DATE SIGNED (YYYYMMDD)	
g. APPROVAL		h. GOVERNMENT ACTIVITY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
i. TYPED NAME (First, Middle Initial, Last)		j. SIGNATURE				k. DATE SIGNED (YYYYMMDD)	