REQUEST FOR DEVIATION/WAIVER (RFD/RFW)	1. DATE *(YYYYMMDD)*	*Form Approved* *OMB No. 0704-0188*

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.

2. PROCURING ACTIVITY NUMBER

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.

3. DODAAC

4. ORIGINATOR
a. TYPED NAME *(First, Middle Initial, Last)*

b. ADDRESS *(Street, City, State, Zip Code)*

5. *(X one)*

	DEVIATION		WAIVER

6. *(X one)*

	MINOR
	MAJOR		CRITICAL

7. DESIGNATION FOR DEVIATION/WAIVER

a. MODEL/TYPE	b. CAGE CODE	c. SYS. DESIG.	d. DEV./WAIVER NO.

8. BASELINE AFFECTED

	FUNC-TIONAL		ALLO-CATED
	PRODUCT		

9. OTHER SYSTEM/CONFIGU-RATION ITEMS AFFECTED

	YES		NO

10. TITLE OF DEVIATION/WAIVER

11. CONTRACT NO. AND LINE ITEM

12. PROCURING CONTRACTING OFFICER
a. NAME *(First, Middle Initial, Last)*

b. CODE	c. TELEPHONE NO.

13. CONFIGURATION ITEM NOMENCLATURE

14. CLASSIFICATION OF DEFECT

a. CD NO.	b. DEFECT NO.	c. DEFECT CLASSIFICATION
		MINOR | MAJOR | CRITICAL

15. NAME OF LOWEST PART/ASSEMBLY AFFECTED

16. PART NO. OR TYPE DESIGNATION

17. EFFECTIVITY

18. RECURRING DEVIATION/WAIVER

	YES		NO

19. EFFECT ON COST/PRICE

20. EFFECT ON DELIVERY SCHEDULE

21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE

22. DESCRIPTION OF DEVIATION/WAIVER

23. NEED FOR DEVIATION/WAIVER

24. CORRECTIVE ACTION TAKEN

25. SUBMITTING ACTIVITY

a. TYPED NAME *(First, Middle Initial, Last)*	b. TITLE	c. SIGNATURE

26. APPROVAL/DISAPPROVAL

a. RECOMMEND		APPROVAL		DISAPPROVAL

b. APPROVAL

	APPROVED		DISAPPROVED

c. GOVERNMENT ACTIVITY

d. TYPED NAME *(First, Middle Initial, Last)*	e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*

g. APPROVAL

	APPROVED		DISAPPROVED

h. GOVERNMENT ACTIVITY

i. TYPED NAME *(First, Middle Initial, Last)*	j. SIGNATURE	k. DATE SIGNED *(YYYYMMDD)*

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