

Supplier Deviation Request Form

SUPPLIER SECTION

SUPPLIER _____
ADDRESS _____
PHONE # _____ DATE _____
PART# _____ REVISION _____ PART NAME _____
P.O. # _____ QTY. ORDERED _____ QTY AFFECTE _____
TYPE OF REQUEST  DEVIATION (limited time/qty.) WAIVER (PERMANENT CHANGE REQUESTED)

PRINT SPECIFICATION: _____ ACTUAL CONDITION: _____
Description of Request _____

Attach a copy of the corrective action if applicable

REQUESTOR _____ EFF. DATE: _____
TITLE _____

BERGSTROM DISPOSITION

BUYER CONCURRENCE _____ DATE _____

SCRAP @ _____ SUPPLIER EXPENSE

REPAIR _____
(Attach Additional Repair Instructions if needed)

ACCEPT _____
(Attach additional information if needed)

APPROVALS _____
DESIGN ENGINEERING _____ DATE _____
QUALITY ENGINEER _____ DATE _____