


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