

REQUEST FOR DEVIATION/WAIVER (RFD/RFW)				1. DATE (YYYYMMDD)		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>						2. PROCURING ACTIVITY NUMBER	
						3. DODAAC	
4. ORIGINATOR		b. ADDRESS (Street, City, State, Zip Code)				5. (X one)	
a. TYPED NAME (First, Middle Initial, Last)						<input type="checkbox"/> DEVIATION	<input type="checkbox"/> WAIVER
				6. (X one)		<input type="checkbox"/> MINOR	
				<input type="checkbox"/> MAJOR		<input type="checkbox"/> CRITICAL	
7. DESIGNATION FOR DEVIATION/WAIVER				8. BASELINE AFFECTED		9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED	
a. MODEL/TYPE	b. CAGE CODE	c. SYS. DESIG.	d. DEV./WAIVER NO.	<input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> ALLOCATED		
10. TITLE OF DEVIATION/WAIVER							
11. CONTRACT NO. AND LINE ITEM				12. PROCURING CONTRACTING OFFICER			
				a. NAME (First, Middle Initial, Last)			
13. CONFIGURATION ITEM NOMENCLATURE				14. CLASSIFICATION OF DEFECT			
				a. CD NO.	b. DEFECT NO.	c. DEFECT CLASSIFICATION	
15. NAME OF LOWEST PART/ASSEMBLY AFFECTED				16. PART NO. OR TYPE DESIGNATION			
17. EFFECTIVITY						18. RECURRING DEVIATION/WAIVER	
						<input type="checkbox"/> YES	<input type="checkbox"/> 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		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)	