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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Supplier Deviation Request (DR) | | | | | | DR- **Date:**  **Page:** |
| **Subcontractor Name:**  **Contact Name:**  **Address:**  **E-mail:**  **Phone:** | | | | | **Subcontract No.:**  **Description:** | | |
| **Part Number:** | | | | **Revision:** | | | |
| **Part Name:** | | | | | | | |
| **Serial Number(s)/Lot No./Quantity Affected**: | | | | **Additional Information/Identification:** | | | |
| **Description of Deviation:** (1) List requirement(s) affected (e.g., specification, drawing), and (2) List deviation to requirement(s). | | | | | | | |
| **Justification for Deviation:** Include potential impact (e.g., cost, schedule, technical). | | | | | | | |
| LLNS Disposition | | | | | | | |
| **DR Approved** | |  | **DR Other Disposition:** | | | | |
| **DR Not Approved** | |  |
| **LLNS Response/Comments:** | | | | | | | |
| **LLNS Responsible Engineer:** | | | | | | **Date:** | |
| **LLNS Quality Representative:** | | | | | | **Date:** | |
| **LLNS Technical Representative:** | | | | | | **Date:** | |
| **LLNS Contract Analyst:** | | | | | | **Date:** | |