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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:**        |