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| Form No. 3-50370 Rev. 08/10/2006 | | | | | | | | | **REQUEST FOR DEVIATION / WAIVER (RFD/RFW)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **1. DATE** *(YYMMDD)* | | | | | | | | Form Approved | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | OMB No. 0704-0188 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | **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)* | | | | | | |  | | | | | | | | | | | | | | | |  | | DEVIATION | | |  | | | WAIVER | |
| Lockheed Martin  Missiles and Fire Control | | | | | | | Post Office Box 650003  Dallas, TX 75265-0003 | | | | | | | | | | | | | | | | **6. (X one)** | | | | |  | | | MINOR | |
|  | | | | | | |  | | | | | | | | | | | | | | | |  | | MAJOR | | |  | | | CRITICAL | |
| **7. DESIGNATION FOR DEVIATION / WAIVER** | | | | | | | | | | | | | | **8. BASELINE AFFECTED** | | | | | | | | | **9. OTHER SYSTEM / CONFIGU-**  **RATION ITEMS AFFECTED** | | | | | | | | | |
| a. MODEL/TYPE | | b. CAGE CODE | | | | | c. SYS DESIG. | | | d. DEV. WAIVER NO. | | |  | | | FUNCTIONAL | | | |  | ALLO-  CATED | |  | | | | | | | | | |
|  | |  | | | | |  | | |  | | |  | | | PRODUCT | | | | | | |  | | | YES | | | |  | | NO |
| **10. TITLE OF DEVIATION / WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. CONTRACT NO. AND LINE ITEM** | | | | | | | | | | | **12. PROCURING CONTRACTING OFFICER** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | a. NAME(First, Middle Initial, Last) | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | b. CODE | | | |  | | | | | c. TELEPHONE # | | | |  | | | | | | | | |
| **13. CONFIGURATION ITEM NOMENCLATURE** | | | | | | | | | | | **14. CLASSIFICATION OF DEFECT** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | a.CD NO. | | | | b.DEFECT NO. | | | | | c. DEFECT CLASSIFICATION | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | |  | | | | |  | MINOR |  | | MAJOR | | |  | | CRITICAL | | | |
| **15. NAME OF LOWEST PART/ASSEMBLY AFFECTED** | | | | | | | | | | | | | | | **16. PART NO. OR TYPE DESIGNATION** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **17. EFFECTIVITY** | | | | | | | | | | | | | | | | | | | | **18.RECURRING DEVIATION/WAIVER** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | YES |  | | NO | | |  | |  | | | |
| **19. EFFECT ON COST / PRICE** | | | | | | | | | | | **20. EFFECT ON DELIVERY SCHEDULE** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **22. DESCRIPTION OF DEVIATION / WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **23. NEED FOR DEVIATION / WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **24. CORRECTIVE ACTION TAKEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **25. SUBMITTING ACTIVITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. TYPED NAME (First, Middle Initial, Last) | | | | | | | | b. TITLE | | | | | | | | | c. SIGNATURE | | | | | | | | | | | | | | | |
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| **26. APPROVAL / DISAPPROVAL** | | | | | | | | a. RECOMMEND | | |  | APPROVAL | | | | | |  | DISAPPROVAL | | | | | | | | | | | | | |
| b. APPROVAL | | | | | | | | c. GOVERNMENT ACTIVITY | | | | | | | | | | | | | | | | | | | | | | | | |
|  | APPROVED | |  | | DISAPPROVED | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| d. TYPED NAME (First, Middle Initial, Last) | | | | | | | | e. SIGNATURE | | | | | | | | | | | | | | | | f. DATE SIGNED *(YYMMDD)* | | | | | | | | |
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| g. APPROVAL | | | | | | | | h. GOVERNMENT ACTIVITY | | | | | | | | | | | | | | | | | | | | | | | | |
|  | APPROVED | | |  | | DISAPPROVED | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| i. TYPED NAME (First, Middle Initial, Last) | | | | | | | | j. SIGNATURE | | | | | | | | | | | | | | | | k. DATE SIGNED *(YYMMDD)* | | | | | | | | |
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