

Supplier Deviation Request (SDR)

To (AF Gloend	o Buyer):			From:		
Supplier Name/Address:				Phone:		
				FAX:		
				E-Mail:		
	This is a	Request for Devi	iation to	allow shipm	ent of the fol	lowing:
Part No:			Revision: Requeste		Quantity, Duration or Lot #	
Part Name:						
Specification (or Requireme	ent:				
Description of	Deviation:					
Reason for De	viation:					
Corrective Act	tion Taken:					
Buyer Review Will Pursue			Will NOT Pursue Initial:		Date:	
AFG Respoi	nse:					
	Deviation Granted Approval Duration		Deviation # Special Prod Requiremen		luct Identification ts	
Deviatio	n Denied	Reason:			<u> </u>	
Approval R	equired					
Required	AF Gloenco Required Approval		Signature		Date	
	AFG Quality Assurance AFG Engineering AFG Purchasing					
			<u> </u>			
	Other					
		upplier and/or AF Gloenc				
Will this devia		n a Permanent Engineeri	ng Change?	YES n Manager	☐ Scheduling	NO
		ngineering	Sales		Shipping	