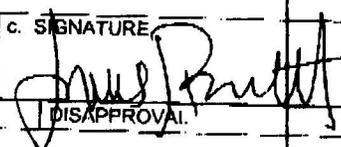
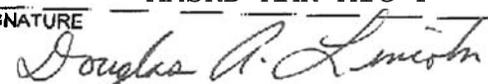


REQUEST FOR DEVIATION/WAIVER (RFD/RFW)		1. DATE (YYYYMMDD) 11-06-03	Form Approved OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, gathering existing data sources, gathering and 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.		2. PROCURING ACTIVITY NUMBER L04A7002	
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICE FOR THE CONTRACT/ PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.		3. DODAAC W52H09	
4. ORIGINATOR a. TYPED NAME (First, Middle Initial, Last)	b. ADDRESS (Street, City, State, Zip Code)	5. (X one) DEVIATION <input checked="" type="checkbox"/> WAIVER <input type="checkbox"/>	
7. DESIGNATION FOR DEVIATION/WAIVER a. MODEL/TYPF Ø	b. CAGF CODE P494	c. SYS. DESIG. M119A1	d. DEV. WAIVER NO. Ø
10. TITLE OF DEVIATION/WAIVER Case Shell Color		6. (X one) MAJOR <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> CRITICAL <input type="checkbox"/>	9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. CONTRACT NO. AND LINE ITEM DAAE-20-03-P-0183 (001AA)		12. PROCURING CONTRACTING OFFICER a. NAME (First, Middle Initial, Last) Sally McLove b. CODE c. TELEPHONE NO. 09-782-4524	
13. CONFIGURATION ITEM NOMENCLATURE Ø		14. CLASSIFICATION OF DEFECT a. CD NO. b. DEFECT NO. c. DEFECT CLASSIFICATION <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
15. NAME OF LOWEST PART/ASSEMBLY AFFECTED Carrying Case		16. PART NO. OR TYPE DESIGNATION Mil-PRF-32062 Type II	
17. EFFECTIVITY Ø Color		18. RECURRING DEVIATION/WAIVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19. EFFECT ON COST/PRICE \$5.00 Discount		20. EFFECT ON DELIVERY SCHEDULE None	
21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE None			
22. DESCRIPTION OF DEVIATION/WAIVER Color of Case Shell			
23. NEED FOR DEVIATION/WAIVER The cases were formed out of olive drab not forest green. The color difference is very slight.			
24. CORRECTIVE ACTION TAKEN We have begun a new contract review policy that includes color into our system. This will prevent this from occurring in the future			
25. SUBMITTING ACTIVITY a. TYPED NAME (First, Middle Initial, Last) James J. Barrett b. TITLE Sales Manager c. SIGNATURE 			
26. APPROVAL/DISAPPROVAL b. APPROVAL <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		a. RECOMMEND <input type="checkbox"/> APPROVAL <input checked="" type="checkbox"/> DISAPPROVAL c. GOVERNMENT ACTIVITY	
d. TYPED NAME (First, Middle Initial, Last)		e. SIGNATURE	
g. APPROVAL <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		h. GOVERNMENT ACTIVITY AMSRD-AAR-AIC-F	
i. TYPED NAME (First, Middle Initial, Last) For WALTER J. SONGAILA Chief, Configuration Management and Lifecycle Integration Support to Fielded Systems Group		j. SIGNATURE 	
		k. DATE SIGNED (YYYYMMDD) 20040302	