MIL-STD-973
APPENDIX E

non-trans

REQUEST FOR DEVIATION / WAIVER (RFD/RFW)

1. DATE (YYMMDD): 01/04/03

Form Approved OMB No. 0704-0188

2. PROCURING ACTIVITY NUMBER: LIP7007

3. DODAAC:

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.

4. ORIGINATOR
a. TYPED NAME (First, Middle Initial, Last): Victor J. Spear
b. ADDRESS (Street, City, State, Zip Code): miller-holzwarth inc. 450 West Pershing Street, PO Box 270 Salem, Ohio 44460

5. (X one) FV: [X] DEVIATION [ ] WAIVER
6. (X one): [ ] MINOR [ ] MAJOR [ ] CRITICAL

7. DESIGNATION FOR DEVIATION / WAIVER
a. MODEL/TYPE:
b. CAGE CODE: 02077
c. SYS. DESIG.:
d. DEV/WAIVER NO.: W032601MHI

8. BASELINE AFFECTED: [ ] FUNCTIONAL [ ] ALLOCATED [X] PRODUCT

9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED: [ ] YES [ ] NO

10. TITLE OF DEVIATION / WAIVER:

11. CONTRACT NO. AND LINE ITEM: DAAE20-96-D-0008

12. PROCURING CONTRACTING OFFICER
a. NAME (First, Middle Initial, Last): Rita Nolan
b. CODE:
c. TELEPHONE NO: 309-782-6858

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:

22. DESCRIPTION OF DEVIATION / WAIVER
To replace Loctite #82733 to Loctite item # 98733 or E-60HP

23. NEED FOR DEVIATION / WAIVER
Loctite discontinued item #82733. Reference drawing, "Epoxy", No. 12940932

24. CORRECTIVE ACTION TAKEN
Request for ~~waiver~~ deviation. FV

25. SUBMITTING ACTIVITY
a. TYPED NAME (First, Middle Initial, Last): Victor J. Spear
b. TITLE: Engineering Manager
c. SIGNATURE: Victor J. Spear

26. APPROVAL / DISAPPROVAL
a. RECOMMEND [X] APPROVAL [ ] DISAPPROVAL

b. APPROVAL [ ] APPROVED [ ] DISAPPROVED
c. GOVERNMENT ACTIVITY: AMSTA-AR-FSA-T
d. TYPED NAME (First, Middle Initial, Last): RICHARD A. BLAKESLEE
e. SIGNATURE: Richard A. Blakeslee
f. DATE SIGNED (YYMMDD): 010420

g. APPROVAL [X] APPROVED [ ] DISAPPROVED
h. GOVERNMENT ACTIVITY: PM PALADIN/FAASV, CCB NO/E 177
i. TYPED NAME (First, Middle Initial, Last): KENNETH B. HURBAN
j. SIGNATURE: Kenneth B. Hurban
k. DATE SIGNED (YYMMDD): 010420

DD Form 1694, APR 92

Figure 10. Request for Deviation/Waiver