



SUPPLIER DEVIATION APPROVAL REQUEST

SDAR No. _____

Supplier Name _____

Date ____/____/____

Address _____

PO.# _____

Part No. _____ Rev. ____

Phone# _____

Part Name _____

Lot Qty. _____ Rejection Qty: _____

REQUIREMENT:
(Should Be:)

DEVIATION:
(Is:)

CAUSE:

CORRECTIVE ACTION (including PREVENTATIVE ACTION): (attach files as required)

Supplier QC Manager: _____

Date: _____

****NOTE:** If approved, a copy of this form shall be submitted with the delivery of this product to Curtiss-Wright**

(Below this line is for Curtiss Wright Controls Only)

CW DISPOSITION:

CW Customer: _____

Cust Approval Required (QE) Y N

Accept _____

Reject _____ **(Rework or Replace)**

Remarks ; _____

Engineer Date

QA Manager Date

Purchasing Rep Date