



DAVCO Technology, LLC  
 1600 Woodland Drive, Saline, MI 48176  
 Phone: 734.429.5665 Fax: 734.429.0741

**Supplier Request for Temporary Deviation from Specifications**

Section ①

**Supplier:** Complete ALL fields in section 1 of this form. Submit to DAVCO Engineering Department.

Company Name	
Requestor Name	
Requestor Phone/Email	
Date of Request	
Part Number	
Suspect Quantity	

DAVCO Specification(s):	Actual:
Other Information:	
Check here if additional sheet(s) attached.	
Will a corrective action investigation be conducted with a copy sent to the DAVCO Quality Dept.?	
Yes No	Due Date:

Section ②

**DAVCO Engineering Department:** Complete the fields in section 2 of this form. Return a copy to the supplier, provide a copy to the DAVCO Quality Manager and file the original.

<b>Deviation Request Disposition:</b>		
Approved	Disposition by (print):	
Denied	Title:	
Other:	Date:	
	Signature:	
	Deviation#:	

<b>Rationale (Optional):</b>	Check here if additional sheet(s) attached.