

DOMEL

Supplier application for waiver

*Part number and description:**Part number revision level:**Date:**Supplier name and address**Author:**Form:*

Supplier's logo

Deviation description:**Affected quantity:****Approved quantity:****Reason for request:****Purchasing order number:****Corrective action:**

Note: Supplier shall ensure copy of signed request is submitted with each shipment of parts to Domel until affected quantity is reached.

Comments:

APPROVED BY

DATE

R&D

APPROVED BY

DATE

SUPPLIER QUALITY ASSURANCE

APPROVED BY

DATE

PURCHASING